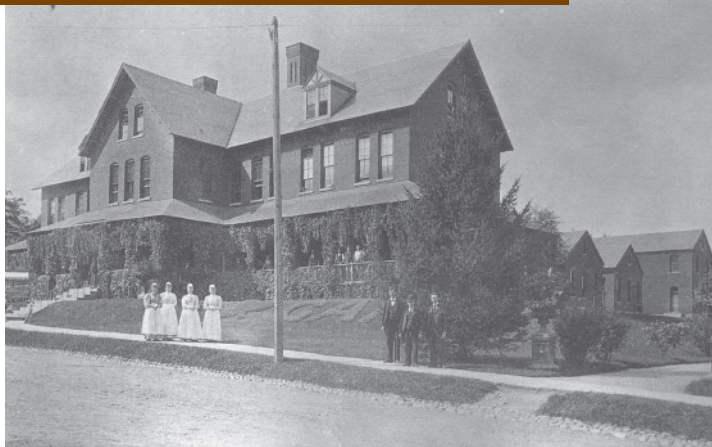


*proudly serving our nation's heroes for 125 years*

## Soldiers and Sailors Home



*125<sup>th</sup>  
Anniversary*

## Bath VA Medical Center



1879

2004

# Table of Contents

---

In the Beginning...	1-2
Cemetery History .....	3-6
Audiology & Speech Pathology .....	7
Chaplains .....	8-9
Laboratory .....	10
Company Store .....	11
Credit Union .....	12
Dental .....	13
Dietetics and Nutrition .....	14
Environmental Management .....	15
Farm Grounds .....	16
Fire Department .....	19
Security .....	20
Fiscal .....	21
Human Resources .....	22
Social Work .....	23
Rules of Admission .....	24-25
Discharges .....	26-28
Library .....	29-30
Medical Media .....	30
Medical and Nursing .....	31-32
Mission .....	33-35
Pharmacy .....	36-37
Radiology .....	38
Recreation .....	39-41
Rehabilitation .....	42-44
Rules of Conduct .....	45-49
Volunteers .....	50
Information Systems .....	51
Acquisition and Materiel Management .....	52
VA and the Community .....	53-54

---

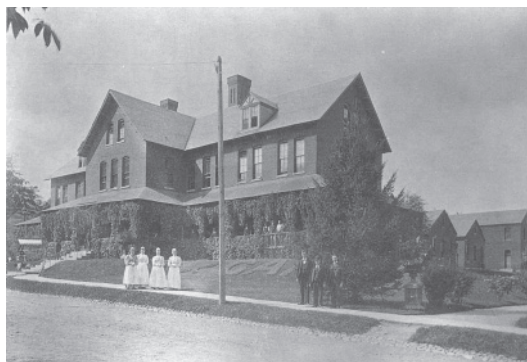
# IN THE BEGINNING...

A home for volunteer soldiers and sailors was first discussed in 1865 in New York State. The concept failed even though a group of New York City promoters drafted an act for the New York State Legislature to incorporate and establish such a home for soldiers. Why? In part because there was resistance from families of invalided veterans who felt they were perfectly capable of caring for the war wounded. But, as time went on, it became apparent that this was not the case.

Nationally, in 1866 an independent agency named the National Asylum (changed to Home in 1873) for Disabled Volunteer Soldiers was created by Congress to provide care for totally disabled officers and men of the volunteer forces of the US who had served during the Civil War. Congress subsequently broadened the benefits to include officers and soldiers who were disabled by wounds received or sickness contracted in the line of duty. The men who entered the asylum assigned their pensions to the Home while they remained in care.

Back in New York State, an act was passed in 1872 to create a New York Soldiers' Home but there were no funds appropriated that year, in 1873 or in 1874. Resolute, the Grand Army of the Republic (G.A.R.) took their appeal directly to the public in 1875. The selection of the Bath site at the Rider Farm outside Bath, NY was made, in part, because the area raised \$23,000 of the \$100,000 required to fund the project. It was also viewed as a good site because the *"Conhocton River ran through the easterly potion of the land thoroughly, and, with its swift current could carry away all the drainage and sewage from the buildings"*. There was a stone quarry on the farm from which all the stone used in the foundations was taken and there was an *"unlimited"* supply of water from springs on the property.

So, on June 13, 1877 the cornerstone was laid and the Reverend Henry Ward Beecher delivered the main address. It was not until May 1, 1929 that the state home became a branch of the National Home for Disabled Volunteer Soldiers under a temporary arrangement which later was changed to a 10-year lease. When the first veterans sat down to dinner on December 25, 1878 responsibility for its operation rested with the NYS Charities Organization.



*The Hospital*

and ten cents fractional currency [paper money valued at less than one dollar secondary to coin shortages]; Resolutions for the Soldiers Home and the names of the Board of Trustees with Standing Committees; by-Laws; paperwork and memorabilia related to various GAR happenings;

Officers of the State of New York, Steuben County, Bath village, Davenport Institute for Female Orphan Children, Haverling Union School and the Judges

of the Court of Appeals, 1877; churches in the village of Bath and pastors; copies of daily and weekly papers; pamphlet on the NYS Soldiers Home; subscription Book as used by the New York Finance Committee in aid of Soldiers' Home; program from the Exercises at the Ceremonies of laying "Corner Stone"; photograph of Soldiers Home; and other items.

The first three buildings of the New York Soldiers and Sailors Home (NYSSSH) were constructed in 1878 and included what is now known as Sections 3, 4 and 5.

Although not a complete list of all items in the cornerstone, the following items were placed there: copy of the Holy Scripture; brief history of the Soldier's Home; set of US Coins from 1876, a dollar, half-dollar, quarter-dollar, twenty cent piece, dime, five, three and one cent pieces; medals from the American Revolution and Civil War; eight pieces of Continental currency; US paper money - dollar Greenback, one-half dollar, one-quarter dollar



*The News Stand*

All the buildings were heated by steam radiators from a central heating plant and lighted with gas produced on the grounds.

Before 1900 a number of additional buildings were constructed including: a 150-bed hospital, Building 29, needed to care for the veterans residing in the barracks (called inmates at that time); a new farmhouse which cost \$5,617.78; new houses for the inspector and the



*The Soldiers' and Sailors' Home*

*continued on next page*

# IN THE BEGINNING... (continued)

chaplain at a cost of \$3,000 each; another new barracks. Then the hospital was enlarged with the addition of two wards and construction was completed on a two-story building used for dormitories and dining room and kitchen facilities.

Enrollment steadily declined from a high of 1,907 members in 1907 to 192 in 1928. During this decline, it became apparent that something needed to be done or the facility would outlive its usefulness. It was decided to attempt to transfer ownership to the federal government. Over two years were required to obtain the transfer from state to federal ownership.

Executive Order on July 21, 1930, authorized the President to consolidate and coordinate governmental activities affecting war veterans. The Bureau of Pensions, National Homes for Disabled Soldiers and US Veteran's Bureau were consolidated under the VA. The Bath NYSSSH was deeded to the VA in 1932 and in 1946 the name became the Bath VA Center.

Of particular interest in this day of the Department of Veterans Affairs Capital Asset Realignment for Enhanced Services (CARES) Commission is President Lyndon Johnson's plan to close the Bath VA in 1965. January 12, 1965 the VA announced the closure of 11 veterans' hospitals, three old soldiers' homes, four Domiciliaries and 17 regional offices. The agency estimated that about \$25 million a year would be saved by shutting them down. Included in the NYS list were Bath, Castle Point and Sunmount near Tupper Lake. The President said that although he recognized the adverse economic effect that the closings would have on localities involved, *"we do not believe that the national interests of all our people justify the waste that will occur if we satisfy the narrow local requirements"*. Furthermore he added, *"We are not justified in paying \$5-\$6 a day more to keep a veteran in one of these smaller hospitals when he could get the best modern medicine available at much cheaper cost in a hospital in the area"*. Specifically Bath was targeted for

closure by June 1965 because of its *"obsolesce of physical plant which would be unduly costly to modernize; limited demand for hospitalization due to remote location; difficulty in attracting the number and caliber of professional staff required to assure a high quality of medical care; and the availability of surrounding VA hospitals to expand the boundaries of the geographic area served"*.

Senator Robert Kennedy, Representative Charles Goodell, Town of Bath Supervisor Edward Humphrey, Chairman of the area Veterans and Civic Affairs Committee, American Legion Posts in the Sixth District, Veterans of Foreign Wars, Disabled American Veterans, Bath Business and Civic Groups and members of the Bath community were instrumental in keeping it open. There were fundraisers to support the effort to keep the Bath VA open.

Happily, by April 1965 a team of architects and engineers reported that most of the buildings were in good condition, particularly the hospital, because of excellent maintenance. May 12, 1965 President Johnson's advisory panel recommended that both the VA hospital and domiciliary at Bath be kept open.

In 1978 the name again changed to the Bath VA Medical Center. In 1988 legislation was passed elevating the VA to a cabinet level position and the first secretary of the Department of Veterans Affairs was named in March 1989. The Department of Veteran Affairs has 3 programs including Veterans Health Services and Research Department, the Veterans Benefits Administration and the National Cemetery System. In 1997, at the time of the reorganization of the VA into VISNs, (Veterans Integrated Services Networks) the name again changed to the VA Health Care Network Upstate New York at Bath. The other sites in the VISN include Albany, Buffalo/Batavia, Canandaigua and Syracuse. As part of the changes in health care, the VA has moved to more outpatient treatment and the Bath VA developed outpatient clinics at the Bath site and one each in Wellsville and Elmira.



*Drum and Bugle Corp*

# CEMETERY HISTORY

From the earliest times, those who died in defense of their people or nation have been honored for their service and the United States has continued this tradition. National cemeteries were developed early in the American Civil War. War Department General Orders No. 75 of September 11, 1861 delegated responsibility for the burial and maintenance of records for officers and soldiers who died within their jurisdiction to commanding officers of military corps and departments. The Quartermaster General was directed to provide means for a registered headboard to be placed at the head of each soldier's grave.

The 37th Congress legislated the establishment of a network of national cemeteries across the United States which President Lincoln signed July 17, 1862. Section 18 provided: *"That the President of the United States shall have power, whenever in his opinion it shall be expedient, to purchase cemetery grounds and cause them to be securely enclosed, to be used as a national cemetery for the soldiers who shall die in the service of the country".*

The Senate and House of Representatives approved a joint resolution April 13, 1866, which authorized the Secretary of War *"to take immediate measures to preserve from desecration the graves of soldiers of the United States who fell in battle or died of disease in hospitals; to secure suitable burial places in which they may be properly interred; and to have the graves enclosed so that the resting places of the honored dead may be kept sacred forever."* By an Act of Congress February 22, 1867, the Secretary of War was directed to enclose national cemetery grounds, appoint cemetery superintendents, provide lodges at the cemeteries for the housing of superintendents and purchase land for additional cemeteries.

After the Civil War, state and federal governments established "homes" for disabled soldiers. Over the years, cemeteries were established at some of these homes including Bath. The first person interred at the Bath cemetery was Private William C. Terrell who died in February 1879. Just as Bath did not become a national home until 1929, the cemetery was not under national jurisdiction until 1929. By 1962 it came under the jurisdiction of the Department of the Army and in 1973 the responsibility was transferred to the Administrator of the Veterans Administration.

Although there was limited national cemetery expansion during the years after 1870, there were increased efforts to develop and beautify the existing cemeteries. In



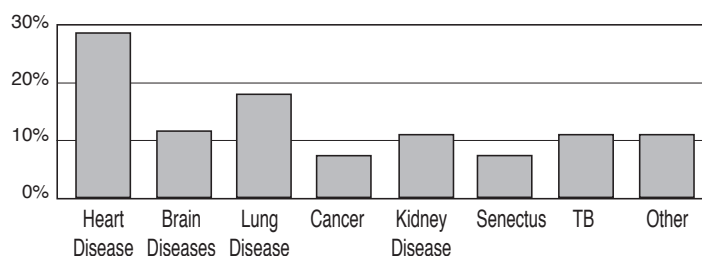
*Soldiers' Monument on Cemetery Hill*

March 1873, Congress appropriated \$1,000,000 *"for the erection of a headstone at each grave in national military cemeteries, to be made of such design and weight as shall keep them in place when set"*. This inaugurated a policy to assure that simple, dignified and uniform monuments mark all interments in national cemeteries.

A plaque on the forty foot monument in the Bath

National Cemetery indicates it was erected in 1892 *"with a legacy bequeathed to the Home by Samuel Dietz, Esq., a patriotic citizen of New York"*. A plaque on the other side reads: *"In Memory of the Soldiers and Sailors of the War for the Preservation of the Union who died in the New York State Soldiers and Sailors Home"*.

The 1902 annual report to the New York State Legislature from the Soldiers and Sailors Home at Bath listed the Records of Death which included the person's name, date of death, place of birth and cause of death. A summary of the causes of death in 1902-03 follows:



Brain Disease includes: cerebral softening (a result of stroke/s); cerebral hemorrhage; cerebral syphilis

Pulmonary Disease includes: Pulmonary hemorrhage; pneumonia; pulmonary edema, TB includes pulmonary and meningitis

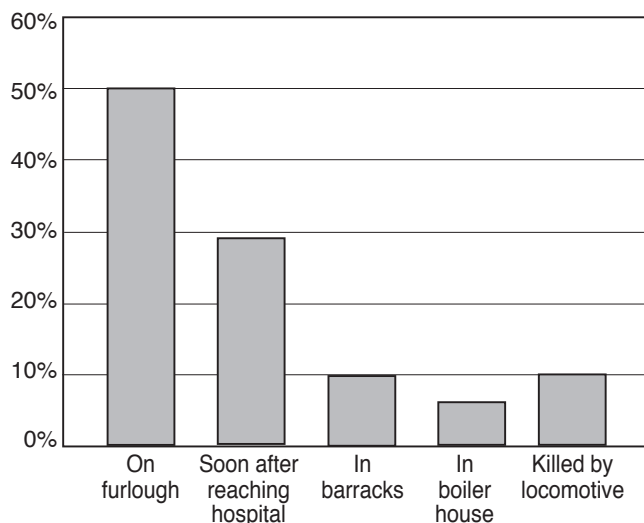
Other includes: Senile gangrene (hardening of the arteries); senectus (old age); asthenia from drug habit; cancer; chronic diarrhea; erysipelas (contagious skin disease due to streptococci which was deadly before antibiotics)

*continued on next page*

# CEMETERY HISTORY (continued)

In addition to the Cause of Deaths as above, there were 22 deaths for which there was no medical cause of death listed, but the place of death was. In other years there were such causes as: drowning, fell from flagpole, killed by locomotive and suicide.

Out of hospital deaths 1902



By 1905, 1,950 veterans of the Civil War had been buried on the 18.9 acre cemetery and 10.5 acres were added. From 1878 until 1929 all the burials were of Union Veterans of the Civil War. Of these, at least 89 were soldiers from the United States Colored Troops (USCT). By 1912, 4,225 men were buried here and today there are almost 13,500 interred. In 1988, 28 hearses brought 28 soldiers from the War of 1812 who died in Canada during the Niagara Campaign to be re-interred at Bath.

World War I brought further extension of burial rights in national cemeteries. Legislation approved April 1920 provided: *"All soldiers, sailors or marines dying in the service of the United States or who served or hereafter shall have served during any war in which the United States has been or hereafter be engaged, and, with the consent of the Secretary of War, any citizen of the United States who served in the Army or Navy of any government at war with Germany or Austria during the World War and who died in such service or after honorable discharge therefrom, may be buried in any national cemetery free of charge"*.

After World War II attention was again focused on national cemeteries, particularly eligibility requirements for interment. Public Law 80-526, approved in May 1948, defined four requirements for persons to be accorded the privilege of burial in a national cemetery:

- Those who die while serving honorably in the Armed Forces of the United States: namely, members of the Army, Navy, Air Force, Marine Corps, and Coast Guard;

- Former members of the Armed Forces who were discharged honorably;
- Citizens of the United States who have served honorably or may serve in the Armed Forces of a nation allied with the United States during war; and
- The wife, husband, widow, widower and minor (or dependent) children of those who meet the basic requirements.

Public Law 80-260, approved September 14, 1959, amended this to include:

- Any member of a reserve component of the Armed Forces and
- Any member of the Army National Guard or Air National Guard whose death occurred under honorable conditions while serving on active duty for training, on authorized inactive duty training or whose death occurred while hospitalized for injury or disease contracted on that duty or service.
- This legislation also established eligibility for national cemetery burial for members of the Reserve Officers Training Corps of the Army, Navy, or Air Force whose death occurred under honorable conditions while attending an authorized training camp or an authorized practice cruise, while performing authorized travel to and from that camp or cruise or who died while hospitalized or undergoing treatment for injury or disease contracted while in attendance at that camp or cruise.

Historically, most national cemeteries were the responsibility of the War Department (now Department of the Army), exercised through the Quartermaster General and successor organizations. Many of the national cemeteries did not have sufficient space for expansion; therefore, in 1962, a one-grave-site-per family-unit policy replaced the policy of an adjoining gravesite for surviving spouse and eligible dependents. From President Eisenhower's second term through President Kennedy's term, the Executive Office of the President opposed bills introduced in Congress for the establishment of new national cemeteries. President Johnson's Administration continued to support earlier findings but in January 1967 the Administrator of the Veterans Administration was asked to appoint an Advisory Commission to make a complete survey of all veterans' programs, including national cemeteries. Their recommendations included:

- The Army transfer its cemetery function to the VA
- The VA then conduct a study on methods of providing convenient burial grounds
- The Administrator establish uniform eligibility criteria.

# CEMETERY HISTORY (continued)

---

On June 18, 1973, the National Cemeteries Act of 1973 (Public Law 93-43) was signed into law. It provided

- Transfer of the responsibility for 82 of the 84 national cemeteries formerly under the jurisdiction of the Secretary of the Army to the Administrator of the VA.
- Transfer of responsibility for procurement and supply of government headstones and markers from the Department of the Army to the Veterans Administration.
- The effective date for transfer of these functions was September 1, 1973. In addition to cemeteries transferred from the Department of the Army, 21 cemeteries formerly administered by the Veterans Administration were also incorporated into what was then called the National Cemetery System (now, National Cemetery Administration). The VA cemeteries had been established in conjunction with VA Hospitals and Domiciliaries some dating back to the aftermath of the Civil War.
- Except for one significant change, criteria for burial in a national cemetery remained basically the same. Under the previous law the last service of the veteran must have terminated under honorable conditions. Under Public Law 93-43 any veteran discharged from active service under conditions other than dishonorable is eligible.

In January 1983 there were only 350 spaces remaining at Bath so American Legion Charles E. Wescott Post #173 initiated Project Extend. It successfully raised money to add 6 acres which created spaces for 6,900 more veterans. In 2001 four more acres were purchased to expand this cemetery.

Affiliated with the Bath National Cemetery is the Woodlawn National Cemetery opened in 1864 to bury Confederate veterans who died at the Elmira Confederate Prisoner of War Camp. It was closed to new interments in the fall of 2003 for lack of additional space. There are 9000 veterans buried there including almost 3000 Confederate Prisoners of War.

Information by Historian, Town of Elmira, George R. Farr entitled *"The Federal Confederate Prisoner of War Camp at Elmira"* discusses treatment and burial of Confederate soldiers in the Woodlawn National Cemetery in Elmira.

*"The American Civil War or the War Between the States or whatever you may call the most destructive war in the history of the United States, wreaked havoc on the prisoners of war on both sides of the conflict. Neither the North nor the South could overcome the conditions brought on by the war that led to the deaths of many of the prisoners of war. Neither side should receive a greater portion of the blame for the tragedies that were the prisoner of war camps." Conditions were harsh.*

The most notorious camp of the North was located in Elmira which operated from the summer of 1864 until the end of the war. Originally known as Camp Rathburn, this camp housed approximately 12,000 Confederate enlisted men. Of this number approximately 3,000 died. Confederate prisoners of war were transported mostly from the prison at Point Lookout, Maryland by rail to Elmira, others from Old Capitol Prison in Washington and some from as far away as Louisiana. Until they were moved into barracks the prisoners were housed three in a tent with dirt floors and a stove for heating purposes.

Poor physical condition on arrival, malnutrition from inadequate food supplies, lack of medical supplies and stagnant water from a pond located between the camp and the river contributed to the prisoners' deaths from Typhoid Fever, Chronic Diarrhea and Pneumonia, typical causes of death. The sick were moved to remote tents and literally forgotten. If these conditions were not bad enough there were more. The barracks were poorly heated and there were insufficient blankets. Monthly clothing shipments to the prisoners were delayed adding to their discomfort and misery.

By the end of 1865, the camp was fully closed and all buildings had been torn down or moved. Of the 12,122 soldiers imprisoned at Elmira, 2,963 (24%) died of sickness, exposure and associated causes. Sexton John W. Jones of Woodlawn Cemetery, an escaped slave living in Elmira, saw to it that deceased Confederate prisoners received a proper Christian burial with identification marking their remains and their records maintained for posterity. His treatment of the Confederate dead went far beyond his charter as the Sexton of Woodlawn Cemetery.

The Medal of Honor is awarded in the name of Congress to an officer or enlisted person of the Army, who, in actual conflict with an enemy, distinguishes himself conspicuously by gallantry and intrepidity at the risk of life and above and beyond the call of duty. As of April 2003 3,459 Medals of Honor had been awarded to 3,440 recipients. There are 5 Medal of Honor recipients, all from the Civil War, interred at Bath.

- Born in Syracuse, NY, Sergeant John Kiggins, Company D, 149th New York Infantry, risked his life to save his comrades who were being fired upon by their own batteries at the battle of Lookout Mountain, Tennessee.
- Born in Camillus, NY Private George Ladd, Company H, 22nd New York Cavalry captured a standard bearer, his flag, horse and equipment at Waynesboro, Virginia.

*continued on next page*

# CEMETERY HISTORY (continued)

---

- Born in France Sergeant Charles E. Morse entered service in New York and served in Company I, 62nd New York Infantry. He voluntarily rushed back into the enemy's lines, took the colors from the color sergeant who was mortally wounded at Wilderness, Virginia and, although himself wounded, carried them through the fight.
- Born in Germany Private George Grueb entered service in New York City and served in Company E 158th New York Infantry. He was cited for gallantry in advancing to the ditch of the enemy's work at Chapin's Farm, Virginia.
- Born in England Seaman James Roberts of the U.S.S. Agawan served on a volunteer crew of a powder boat that steamed to within 300 yards of the beach. After fuses and fires had been lit the crew again boarded the Wilderness and proceeded a distance of 12 miles from shore. Less than 2 hours later the explosion took place and the following day fires were observed still burning at Fort Fisher.



On March 15, 1988, the Veterans Administration was elevated to Cabinet level status, the agency became the Department of Veterans Affairs and the Department of Memorial Affairs was renamed the National Cemetery System (NCS). On November 11, 1998, the President signed the Veterans' Benefits Enhancement Act of 1998 changing the name of the National Cemetery System (NCS) to the National Cemetery Administration (NCA) and the Director to the Under Secretary for Memorial Affairs.

Near Section 1, the Bath facility has a memorial for a special friend of the VA veteran and employee friends. For years, a tawny colored little dog, Rodney, rode the bus to the VA daily to greet his many veteran and employee friends. He was petted and rolled in the grass for the sheer joy of living and making everyone happy. Mrs. Clara Richman, a microbiologist at the Medical Center paid for his annual license and his veterinary care. After he died, there was a ceremony Christmas Day 1969 and a monument was placed in his memory.

# AUDIOLOGY & SPEECH PATHOLOGY

---

Records from a report by a VA inspector written in 1944 indicate that there was *"no audiometer for hearing testing and no new hearing devices had been prescribed but there were a few old type Sonotones still in stock"*. What professional prescribed these devices is unclear because other documentation refers only to consultants who intermittently provided services to veterans with communication disorders but not until the 1960's.

In the fall of 1969 the first group of graduate students from the State University College at Geneseo provided services for the Bath VA one full day a week as part of their advanced clinical training. One of these students was hired as the first permanent employee in Audiology & Speech Pathology. She began in September 1970 as a part-time employee, three days a week. After two years she was converted to full-time and functioned alone until 1987 when a full-time professional audiologist was hired.

Initially Audiology & Speech Pathology was organized under Physical Medicine & Rehabilitation Services. The department was transferred to the Psychology Service in 1978 and then became a full-fledged service in 1987.

In 1998 an Occupational Therapy Assistant trained on the job as an Audiology Health Technician. She worked half-time in each discipline for a few years but is essentially full-time now. Her position allows the professional audiologist to concentrate on assessments and hearing aids selection.

In 1998 the Chief, Audiology & Speech Pathology was selected to be the Diagnostics & Therapeutics Care Line Manager and continued providing speech pathology services for two years. Then a part-time Speech Pathologist was hired and continues in that role. He has expanded services for swallowing and voice disorders.

Audiology & Speech Pathology was originally located in a storeroom behind the Occupational Therapy Clinic on the 1st floor of the hospital. After a number of moves, the clinics settled on the 2nd floor. The Audiology clinic was totally renovated in 2001.

Both disciplines are fully automated for report writing and serve the veteran population providing evaluation, treatment and research for communication and deglutition problems.

*serving the veteran  
population by providing  
evaluation, treatment  
and research for  
communication and  
deglutition problems*

# CHAPLAINS

---

Chaplaincy actually began as a profession in what was to evolve into the VA on March 3, 1865, when Abraham Lincoln signed legislation establishing the first National Homes for disabled volunteer soldiers. At that time chaplains were paid a salary of "\$1500 per year and forage for one horse".

In May 1879 there was a note in the Steuben Courier that seven from the Home were "received as members of the Society of Christian Workers of the M.E. Church, Bath. Several have recently been revived, others are under conviction and quite a number are looking forward to the time when the weather will be warm enough to hold open air meetings".

In January 1880 Miss Ida M. Woodard of Bath, a "highly accomplished vocalist and organist, has kindly and generously signified her intention to preside at the organ each Sunday in future" which leads us to believe services would be provided at the Home.

General Order #324 written September 18, 1886 shows that the Superintendent was obviously unhappy with the conduct of some of the veterans living at the facility:

*"The Superintendent again calls attention to the fact that the permission to leave the grounds on Sunday, is for the purpose of attending Divine Services, and that only. He regrets however to know that many take advantage of the privilege to frequent the Rum Holes in our vicinity and the town.*

*As a general thing, services of the Churches are over in time to enable those attending to return by 12:30 and it is made the duty of the Police at the Bridge to report all who cross the Bridge after that hour, and any man so reported will be deprived of the privilege of going out on Sunday for six months, and if this does not have the desired effect more summary measures will be resorted to. This order will be read at Dinner and Supper and at the 1st and 2nd tables so that no man can plead as an excuse that he did not hear it."*

The Union Chapel, Building 39, seated 260 when it was built in the 1880's and it remains on the original site. It had a choir loft and an organ which was replaced with a new electric one in 1943. Early in 2000 two rows of pews were removed from one side for wheelchair seating. It was noted in 1949 that the exterior walls had moved laterally. Three concrete buttresses were constructed integral with the existing brick pilaster on each side of the building to remedy this situation and it appears to have worked. In 1904 the Catholic Diocese of Rochester built and deeded to the Soldiers' and Sailors' Home Building 38. A smaller chapel in the hospital in 1954 seated 45.

When the NYSSSH was deeded to the federal government, the Protestant chaplain was made the contact officer in addition to his chaplain duties.



*Choir at S&S Home, Bath, composed of nurses and some Civil War men, members of the home. Chaplain Aswood stands in the center of picture.*

*continued on next page*

## CHAPLAINS (continued)

---

In 1945 Chaplains Service was organized as a service ministering to disabled veteran patients and it represented all major faith groups. It was aligned under the Office of Special Services, which included Recreation, Canteen, Athletics and Patient Welfare. In 1953 Chaplaincy was realigned as a professional service.

Over the years, memorials and other gifts have been donated to Chaplaincy. In 1958 the B'nai Israel Congregation of Elmira donated a Scroll of the Law, the Sefer Torah, later a carillon was purchased and in 2000 updated while new curtains were hung in the Union Chapel.

The first full-time female VA Chaplain was appointed nationally in November 1983 but one was not appointed in Bath until 2001.

VA Chaplains provide pastoral ministry as part of the total care of the patient. Those who seek to be appointed as institutional chaplains must receive ecclesiastical endorsement.

Today, the Union Chapel remains on its original site as does the Catholic Chapel. In addition there is an area for religious services in Building 78 and services are conducted on Sundays in the hospital.



*The Chapel*

*VA Chaplains provide pastoral ministry  
as part of the total care of the patient*

# LABORATORY

---

The original laboratory was created from a room in the first hospital. In 1936 when the new hospital was built (Bldg. 76) the laboratory was located on the south end of the first floor approximately where the Life Support area is now. It consisted of a General Lab, workroom and Lab office.

The original morgue was constructed in 1887 in a building near the first hospital at the base of the drive to the cemetery. This building was later used for storage for the cemetery. When the current hospital was built, a morgue was constructed on the second floor of the hospital. It was closed in the late 1990's but the refrigerated drawers remain in that area.

In 1950 a Survey Report of Administrative activities indicated that weekly examinations were made of water, milk and cream. In the event of a significant rise in the bacterial count of an item, daily examinations were conducted until the count returned to normal.

Number of autopsies conducted:			
1948	.....	114	..... 65.5%
1949	.....	106	..... 1.1%
1950	.....	141	..... 75.4%

*"It was stated that all the infected laboratory specimens are autoclaved prior to their disposal excepting infected guinea pigs. These are placed in a refuse can with other laboratory waste and are collected by station personnel."* Laboratorians could identify the type of infection by the studying the lesions created by bacteria which had been injected into the guinea pigs

In 1954 the laboratory staff averaged 7000-8000 tests each month increasing regularly so that by 1977 there were 15,000 a month and in 2002 there were 27,850.

In May 1958 there was a major renovation of the hospital building. As part of that construction a new clinical laboratory and morgue were designed. The laboratory moved to the north end of the 2nd floor of the building and the morgue was in the middle/south end of this floor. That same year a Research Laboratory was opened on the 5th floor of the hospital to study, in part, blood chemicals in the long-term patient.



*Old Morgue*

# COMPANY STORE

---

In January 1885 Superintendent's General Order #10 created the first canteen: *"I. In accordance with a resolution of the Board of Trustees passed on their last meeting, a Store to be known as the 'Home Store' will be opened on Monday next for the accommodation of such of the Inmates as may wish to patronize it. II. The Regulations for its government will be announced hereafter."* It was located in the northwest area of the grounds near what is now the Engineering office. In 1906 a new Canteen was constructed at a cost of \$2500. This building was demolished in 1959 after another new canteen and post office were built in 1952 in Building 84. Compensated Work Therapy is now located in that area. In 1968 a new and modern canteen was opened in the hospital.

In February 1885 General Order #17 read: *"The Store Keeper will not sell more than three glasses of ale, beer or cider to any man during the day. Two in the forenoon and one in the afternoon, and not that much when it is apparent that (amount) that allows intoxication"*. Profits from these sales were used to purchase books for the library. In 1904 the Board of Trustees decided to stop selling ale and beer. Patients were also provided free cigarettes until 1964 after which they could purchase them in the Canteen.

In 1954, the Veterans Canteen Service at the Bath VA Center consisted of a Domiciliary Canteen, Hospital Canteen, Bowling Alley Canteen and Barber Shop. Members and employees could buy at reasonable prices almost anything in the food and retail store line including clothing, luggage, toys, cosmetics, toiletries, cigarettes and candy. The bowling alley canteen operated in the evenings and candy, coffee, sandwiches, cigarettes, cookies, ice cream and soft drinks could be purchased there.

The national Canteen Service was established as an independent instrumentality within the VA and operates from non-appropriated funds. Its basic objective is to provide hospitalized veterans with reasonably priced merchandise and service. It controls retail stores, cafeterias, barbershops, vending machine service, dry cleaning, laundry services and photo services.

## Post Office

Of interest is the request to Congress from the Board of Trustees in November 1915 that a Post Office be established at the Home. In 1952 it was housed with the Canteen in Building 84 but later moved to Building #24. In the early 2000's it was closed by the national Post Office for financial considerations.



Group at the Canteen (Home Store)



Canteen (Home Store)

# CREDIT UNION

---

Credit Unions are a not-for-profit organization which function as a cooperative; therefore, only its members can use the services. Surplus funds, after ensuring reserves, are distributed to members as dividends, reduced interest on loans, and improved services.

The Bath VAC Employees Federal Credit Union was chartered in June 1949 for VA employees, their spouses, and children. Originally the only services it provided were savings and loans for its members. In 1956 assets were reported at \$177,833 with 532 members. A 4% dividend was declared that year.

In 1984 a checking account service was added in addition to special programs for youth through Scottie savers, Varsity Club for teenagers and Christmas Clubs for all. There is also a scholarship program and a yearly scholarship is offered.

The VAC Credit Union was initially housed in Building 44, the original administrative building. In 1986 it opened new offices in the old Domiciliary operations offices in Building 18 at the Medical Center. In May 1988 a new downtown Bath branch office was opened in the center of the County Office Building. Over time it became apparent that more and more business was transacted there, so in 1999 a new building was erected. It was built on property which had been owned by George Harkin, a former Chief, Security at VA.

Eligibility for membership has expanded over the years to include people from Steuben County offices, Ira Davenport Memorial Office, Bath Gas & Electric and municipal employees from Bath, Prattsburgh, Cohocton and Avoca. The most recent addition was the American Legion Post #173 in Bath. Therefore membership numbers have continued to grow. In 1986 there were 2500 members, while in 2003 there were 4800.

The Credit Union now offers full services except home banking and internet services. Although they do not have an ATM, members can access them through VISA check cards.

*The Bath VA Employees  
Federal Credit Union  
- chartered in June 1949*

# DENTAL

In 1936 when the hospital was constructed (Bldg. 76), the Dental Clinic was located next to the lobby on the 1st floor on the north end of the building where the pharmacy is today. In 1944 the staff included three dentists, one dental assistant and three dental mechanics.

When the hospital opened, dental X-rays were taken in dental, developed in radiology, read by the dentists and then returned to radiology for filing. Today, Dental employees develop the X-rays in the hospital Dental Clinic. Plans are in progress to incorporate digital radiography.

In 1936 Dental consisted of a dental operating room, three dental chairs and a dental office plus the dental lab. In 1999, the dental clinic was completely renovated and moved to its current location at the north end of the hospital on the 1st floor. This area was originally the Physical Therapy clinic and then briefly the Prosthetics department.

In 2001, a satellite clinic was renovated in Building 78, NHCU for the convenience of treating geriatric patients. Today the clinics consist of eight operatories, one dental laboratory and staff includes: two staff general dentists, one dental hygienist, one dental lab technician, two dental assistants, one full-time patient services assistant, one part-time patient services assistant, one consultant periodontist, and three consultant oral surgeons.

Dental treatment provided by the VA includes examinations and a full spectrum of diagnostic, preventive, endodontic, restorative, surgical, and prosthodontic procedures. Not all veterans are eligible for dental treatment. Those who may receive care include:

- Veterans with service connected and compensable dental disabilities or conditions
- Former prisoners of war imprisoned 90 days or more
- Veterans with service-connected, noncompensable dental conditions as a result of combat wounds or service injuries
- Veterans with service connected and nonservice-connected dental conditions determined by VA to be aggravating a medical condition
- Veterans having service-connected conditions rated as permanently and totally disabling
- Veterans participating in a vocational rehabilitation program
- Certain homeless veterans.

Veterans may receive one-time dental treatment for service-connected and noncompensable dental disabilities or conditions if the following conditions are met: the dental condition can be shown to have existed at time of discharge; the veteran served on active duty for at least 180 days or 90 days during Gulf War Era; the veteran applied to VA for dental care within 90 days of discharge or release from active duty, and the certificate of discharge does not include certification that all appropriate dental treatment had been rendered prior to discharge.

The first regularly established course of lectures on dentistry was given at the medical school at the University of Maryland in 1821. In 1839 the first dental school in the world was organized, the Baltimore College of Dental Surgery which awarded a Doctor of Dental Surgery, D.D.S. That same year the first dental periodical was published, the American Journal of Dental Science and the first national dental society was formed, the American Society of Dental Surgeons. 1839 was the year of the birth of organized dentistry in the United States, and for the next 100 years American dentists led the world both in the development of clinical procedures and in dental research.

The VA has played a significant role in the education of dentists. At Bath, there is currently an academic affiliation with the Tufts University School of Dental Medicine. Undergraduate, fourth year dental students complete five week externship-training rotations in the clinic. Also, our staff dentists hold faculty positions at the University of Rochester/Eastman Dental Center.



*Early Dental Clinic*



*Dental Lab*

# DIETETICS AND NUTRITION

---

In 1879 the dining hall and kitchen were located in Barracks B, now called Section 4. The dining hall held 22 tables for 500-600 soldiers. In the kitchen were 3 bright copper coffee-pots which held 175 gallons. There also was a *"splendid cooking range of the most approved style, 12 feet long, with three fires and three ovens, and all other improvements that could be imagined. There were also four enormous jacket kettles for cooking meats and vegetables, soup kettles holding 265 gallons and a water tank"*. An article in the January 31, 1879 Steuben Farmers Advocate goes on to describe the dishwashing process: *"On the other side of the kitchen is a sink 10 feet in length where the dishes will be washed. The water from this sink will be drawn off into a tank outside, where the grease will be skimmed off for soap"*. In the rear of this building was an addition which housed the bakery and ovens. The cooking was done by steam which was supplied from a 15 horse power boiler.

February 18, 1888: General Order #37: *"The Superintendent has noticed on many occasions when visiting the Dining Room that certain inmates are in the habit of helping themselves to every thing on the table with an eagerness only becoming cannibals and not civilized men or true soldiers, and contrary to orders of which the offenders are well aware. The Superintendent desires to impress upon the minds of all that there is always an abundance of provisions prepared and there is no necessity for the selfishness which characterizes the conduct of those referred to. Hereafter nothing will be touched by any man until all are at the table and the signal is given. This order is published to protect decent and well-behaved men from the selfish propensities of some, and to give all an equal share of the provisions. Any deviation from this order will be reported by the Sergeant in charge of the Mess Hall, so that the proper punishment may be awarded to the offender."*

In 1896 construction of the new Dining Hall, Building 24 was completed. In 1954 there was a Hammond Organ in the dining hall to make as homelike an atmosphere as possible. The objectives were to serve the best possible meals to the patients but also to help them acquire new eating habits for better health in the future. In the personnel dining room, the cafeteria was available for those persons taking their meals at the hospital; all Food Service workers, those people living on the station, their guests and the volunteer workers, ate one or more meals there. That year they served nearly 1000 meals each day. In 1977 they averaged 26,500 meals a month at an average cost of \$2.29 per day. At that time, Dietetics Service was organized into two major units:

Program Management and Planning Section which planned and managed the food productions and food service activities while the Nutrition Therapy and Education Section provided diet therapy programs, nutritional assessment, resident and family education and employee training and development.

The end of December in 1911 the Commandant recommended the construction of an "up-to-date" cold storage plant and an additional silo and in February 1913, the Quartermaster reported he could purchase a 20-ton cold storage plant for \$6000.

In 1912 the Fiscal Supervisor was requested to *"authorize purchase of a satisfactory grade of table syrup to replace the unpalatable kind now served"* while storage space for potatoes and other vegetables was increased to hold 3500 bushels and the Home received gifts for Christmas: one crate of oranges; cushions, postcards, papers, tobacco and snuff; 15 pounds of chocolate candy.

In 1917 the average cost of purchased rations was \$0.232 and the average cost of Home products issued was \$0.031

In 1967 the dining hall was renovated to change the process of service from waitresses serving the food to cafeteria style.



Barracks B

# ENVIRONMENTAL MANAGEMENT

Prior to July 9, 1953 the responsibility for housekeeping functions in the VA was shared among other services. On this date, the VA Administrator approved the establishment of the Housekeeping Division. It was placed under the supervision of the Assistant Hospital Director. The Chief was responsible for the management and direction of housekeeping activities in the Hospital and Personal Quarters. At Bath, this became operational June 24, 1954 and the first chief was selected from among several Nursing Assistant Supervisors.

In the late 1950's the name changed to Building Management Division. Over time a number of additional functions were added including:

- In the 1950's the Laundry was transferred from Engineering Service.
- In the late 1960's a Patient Assistance Program was established.
- In 1972 Pest Control responsibilities were transferred from Engineering Service.
- In 1974 Interior Design was created and added to Building Management.
- By 1977 Building Management Service (BMS) was accountable for the cleanliness of all station buildings, laundry service, interior decoration, pest control and storage of personal property of residents. This included 356,403 square feet of floor space which needed to be maintained daily.

In the first half of Fiscal Year 1957 there were no salary costs associated with the Domiciliary for Building Management while there were 21.7 in the hospital with a cost of \$34,529.

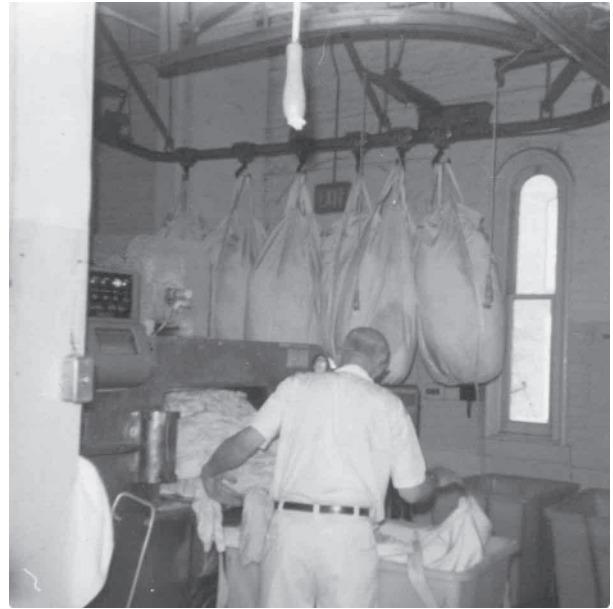
In December of 1978 an agreement was signed between the American Federation of Government Employees and management. It provided for establishment of permanent weekend coverage in BMS.

Its name has undergone a number of changes from the original Housekeeping Division to Building Management Service in the 1960 and to Environmental Management in 1991.

Today the staff cleans/maintains 520,000 square feet of floor space.

The initial use of the current laundry Building 17 was the blacksmith, shoe repairman, tailor, gardener, farmer and oiler shops before it became a modern laundry. In 1961 new equipment was installed and 2½ tons of linens were processed annually. In 1977 they processed 1,350,000 pounds of linen. However, in 1999 laundry services were transferred to the Canandaigua VA. At that time, 750,000 pounds of linen were processed annually.

In 1957 comparative linen costs showed that Bath spent \$3.11 linen purchased per patient treated and \$5.12 in 1956.



Laundry

*Today the staff cleans  
and maintains  
520,000 square feet  
of floor space*

# FARM GROUNDS

The NYSSSH was built on a 241-acre farm called the Rider Farm. 90 acres of the farm were in the valley and the balance on high rolling land. A 3-inch pipe carried water to a 300,000-gallon reservoir.

Early reports to the New York State Legislature discuss an number of issues which seem hard to believe today. In 1879 any *"inmate who refused to perform without pay any labor or duty imposed upon him, shall be summarily dismissed by the Superintendent"*. That same year a team of mules was purchased to help on the farm.

In 1917 the value of the farm and garden products sold outside the facility was \$17,186.72 with an additional \$173.67 for the sale of calves and hides. Considering what they earned from the sale of each item, this was a huge amount of money. For instance:

ITEM	QUANTITY SOLD	PRICE	Cost in 1917	Cost in 2003
Apples	536 bushels	\$474.00	• 88¢ a bushel	• \$17.00
Beef	3,854 pounds	\$437.76	• 11¢ a pound	• \$1.99 to \$6.99+ a pound
Beets	22 1/4 pounds	\$11.12	• 5¢ a pound	• \$1.75 a pound (organic)
Cabbage	44,122	\$299.24	• Less than 1¢ a pound	• 49¢ a pound
Milk	32,411 gallons	\$6,029.80	• 18¢ a gallon	• \$2.25 a gallon
Pork	7,786	\$939.71	• 12¢ a pound	• \$1.59-\$4.99 a pound
Vinegar	167 gallons	\$35.64	• 15¢ a gallon	• \$2.99 a gallon

From the General Orders: September 30, 1884: General Order #186

*"The Inmates will be mustered tomorrow the 1st of October, commencing with Company "A" \*at 9 a.m. Every man excepting the Farm and Garden Hands will be required to be present."*

In 1909 there were 82 flowerbeds and 72,000 plants plus 13 outside iron vases decorating the grounds at the Home. Member detail, under the direction of the chief gardener maintained the flowerbeds and all the plants were supplied from the Home greenhouse and nursery. However, from the minutes of the Board of Directors dated July 15, 1915 is a notation that all officers of the home are required to assist in destroying noxious weeds, not just the members.

From a domiciliary survey in 1943 there are references to "Competitive Flower Gardening":

*"Although the Administrator has advised all facilities that due to present conditions, it will not be necessary to carry out the usual program of competitive flower gardening, the companies at this facility still continue to maintain the flower gardens and lawns immediately adjacent to the company and at the present time they present a very good appearance. It is the understanding of your supervisor that the trophy annually awarded to the company having the best garden will be presented this year as in the past."*

There are greenhouse blueprints from 1939 which list the number and type of plants which were planted around each of the buildings. For example, around the side of Building 32 facing Section 3 today there were the following plants.

Scientific Name	Key	Common Name	Size	Quantity	
				Site	Facility
1. Caragana Arborescens	19	Siberian Pea Tree	4'-5'	4	69
2. Cornus alba Sibirica	24	Coral dogwood	3'-4'	7	58
3. Ligustrum Iboia Begelianum	41	Winter honeysuckle	4'-5'	4	17
4. Symphoricarpos Vulgaris	74	Coral berry	2'-3'	4	37

*continued on next page*

# FARM GROUNDS (continued)

---

1. Siberian Peashrub is very hardy and useful in adverse situations. The plant's chief value is its ability to adapt to poor sites. On better sites, a more ornamental plant could be selected. The yellow flowers are partially hidden by the foliage. A tolerance of pruning makes the plant suitable for use in hedges or in screens.
2. The Coral Red Dogwood has stunning bright red bark which adds color to the winter garden. Tolerant of a wide range of soils, it produces the bright winter bark when planted in full sun.
3. The honeysuckle family includes hundreds of shrubs and vines. All are known for their attractive, often fragrant, 1/2- to 1-inch pink, white or red flowers and for their 1/3-inch red or yellow berries that birds relish. The 1- to 3-inch leaves appear early in spring and drop off late in autumn.
4. Coral Berry creates an overall gray-green or blue-green cast to the leaves that contrasts nicely with the reddish new stems covered in whitish pubescence.

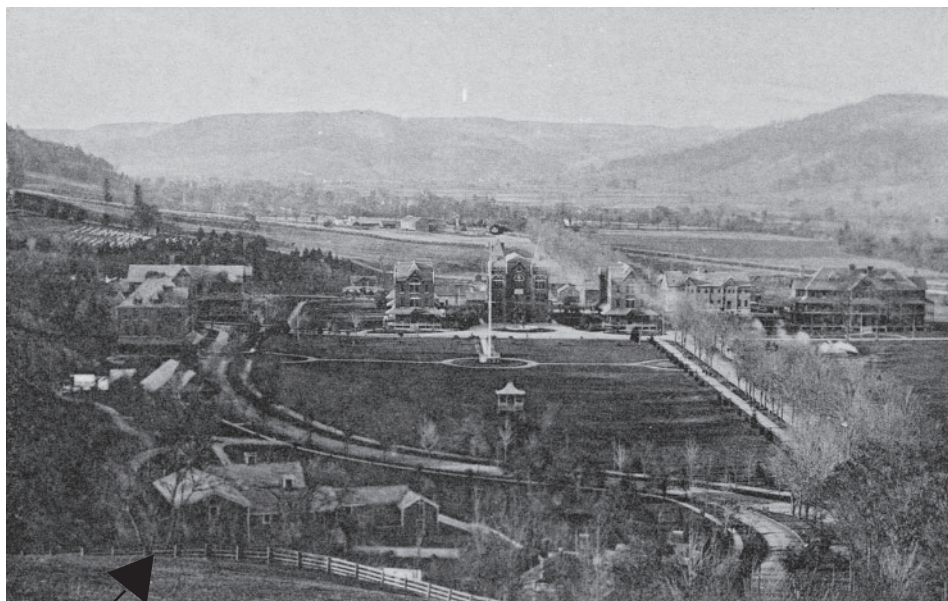
In 1949 there were still many small beds scattered throughout the station.

During 1948, approximately 1200 dozen cut flowers were raised in the greenhouse and flowerbeds. A nursery was established along Gettysburg Avenue and River Road, south of Building 27 that supplied the station with replacement shrubs, hedges, evergreens, etc.

That year the sidewalks were made of concrete, flagstone walks and gravel and cinder walks. There were 10 designated parking lots which held a total of 300 cars. Grounds were extolled as in excellent condition in a report on the facility in 1949 and it was further reported that there was a chief gardener who had a member detail under his direction to perform the duties required, unchanged from the early 1990's.

In the 1990's a POW/MIA rose garden was established between Sections 4 and 5. Today the grounds and POW/MIA rose garden are maintained by the Grounds Crew from Engineering and the flower beds by the Diagnostics & Therapeutics Care Line Recreation and Rehab Manager.

*continued on next page*



Farm

*View of Home grounds looking north*

# FARM GROUNDS (continued)

The wrath of nature has struck the VA with floods, snows and frosts, etc. over the years. A few examples are:

- In 1913 there was a frost on June 10th which destroyed all the plants. They were re-bedded but on the 13th of July they were again destroyed, this time by hail. 100 panes of glass were broken in the greenhouses. September 10 there was another killing frost.
- 1916 flooding on June 17th destroyed seedling plants. The gardens were covered with 3-8 feet of water when the Conhocton River overflowed.
- In July 1935 there was a flood which devastated the west side of Bath. The Lackawanna Bridge across from the VA was torn down by the flood waters. The VA, cut off from the village, switched to auxiliary power when electric went out. Quarterly food supplies had just been received so food supplies were plentiful. After the flood, in 1936, the Civilian Conservation Corps and the VA agreed to plan many acres of trees.
- There was a blizzard February 14, 1940
- In June 1972 the Southern Tier was flooded substantially; however, the recently constructed Southern Tier Expressway saved the VA and Bath from the type of damage experienced in Corning and other areas. The bridge to the VA was underwater and the road outside the back gate was flooded.
- In 1976 there was another mild flood which cut off the VA via the bridge again but access could be gained through the back gate coming down from the gravel pit.
- Record snow fell during the winter of 1977-78.
- In March 1993, 36 inches of snow fell in about 24 hours. All access to the VA except by snow-mobile was cut off.



*A corner in the garden*



*Building 14 - Welding Shop and Garage*

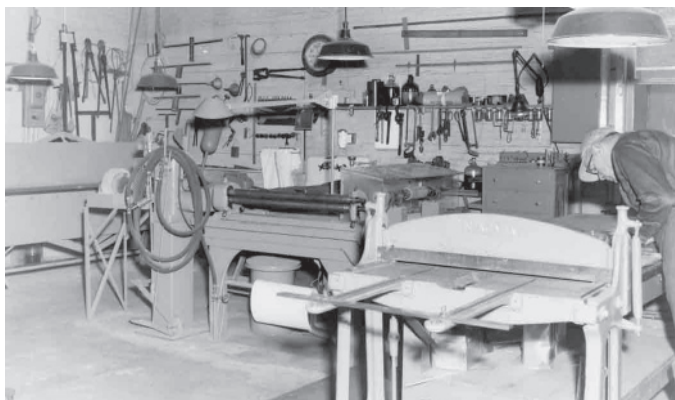
## Engineering:

In 1949 the Medical Center was allowed 17 vehicles including three sedans, one station wagon, four small trucks, six large trucks, two ambulances, one bus and zero carry-alls. In addition there was one fire truck, one sprayer, one truck crane, one bulldozer, one rotary plow, three tractors, and one truck.

In 1954 Engineering included Building and Grounds Maintenance and Repair (M&R), the Utilities Maintenance and Repair, the Protective, Laundry and Administrative Sections. There were also 25-30 domiciliary members detailed as janitors and laborers then. With the civil service employees they collected and disposed of garbage and trash, unloaded coal, moved equipment and supplies, shoveled snow, mowed grass, maintained lawns, walks roadways, and parking areas.

In 1956, the percentage of costs for the Medical Center for engineering was 16.4% and the total cost per square foot was \$0.92. This included laundry and motor transportation activities.

M&R Report in 1949 describes the a spur track off the main line of the Delaware, Lackawanna and Western Railroad. There were 1,100 feet of track on government property. The track served in unloading supplies directly from the car to the platform of the warehouse, building 75 and for unloading coal cards into the coal bunkers at Building 31 or to the coal storage area, #67.



*Tin Shop*

# FIRE DEPARTMENT

In the early days, the Fire Company and Security were combined into one unit. The working people of the Home were all considered to be Fire Volunteers. Prevention of fires was very important because of the difficulty in fighting fires with the limited equipment of the day. In October 1883 a Steuben Farmers Advocate reporter wrote: *"As an extra precaution in case of fire a number of buckets have been put in convenient places on each floor of the different buildings. These buckets are kept filled with water and to be used for no other purpose except fire."* Less than 30 years later in 1912, 50 new fire extinguishers were installed and 40 years after that, automatic fire sprinkling systems were being installed at the VA. For an estimated cost of \$80,000 the Dom Dining Hall, Sections 3, 4 5, 6, and 7, nurses' quarters, and the main library had these installed.

Early on a shed designated as Building 69 housed some of the fire equipment. It was located near Building 31, the Power House, now called the Boiler Plant.

Over the years, fires destroyed or damaged a number of the buildings including the men's "outside toilet" in November 1912 and Barracks H and I [Section 1] in 1914. Because of this, in December 13, 1914 the use of matches other than specially prepared ones, was strictly forbidden because of numerous fires and then in April 1918 compulsory fire drills were established.

In February 1913 a new chemical engine costing \$250 and a hook and ladder truck costing \$300 were purchased for the fire department and in 1914, new hose was purchased for the 'fire brigade'. In August 1918 the number of firemen was increased from six to nine members.

When the facility was first opened, there were no motor vehicles and the people fighting the fires had to pump by hand. By 1945 a general fire truck was purchased which pumped 500 gallons per minute, in 1962 a second pumper, was purchased which pumped 750 gallons per minute and another 17 years later a 1250 gallons per minute pumper was purchased.

Another major project in 1962 was the installation of additional water service, signal cable, alarm stations, sprinkler heads and other related work. \$46,000 would provide additional fire protection in Domiciliary areas. In 1964 a new 7½ horsepower siren to be used as an alarm signal in case of fire, disaster or other emergencies was installed on the roof of Section 4.

In May 1980, the VA fire department was the 1st fire department in Steuben County to have a large 5-inch diameter hose.

Because the village of Bath does not have a paid fire department the VA is required by Headquarters in Washington, D.C. to have a fire department twenty-four hours a day, seven days a week on the facility. Over the years the fire department has expanded its mission to include safety of all types.

The Fire Department now consists of 12 Firefighters and the Fire Chief. Equipment includes: 1250 gallon per minute pumpers; an ambulance; a 24 foot hazardous materials response trailer and a 2003 Chevy pickup truck. This equipment is available for handling emergencies on the facility as well as assisting with emergencies in the community.

The 1997 ambulance was the first ambulance to be purchased for and assigned to the Fire Department in order to provide facility wide ambulance service. The Fire Department handles an average of 600 ambulance calls a year.

After September 11, 2001 the facility purchased the Hazardous Materials Response Trailer in order to be better prepared to respond to and handle terrorist and hazardous materials incidents. Because the County doesn't have a hazardous materials response team, the VA fire department provides staffing and the trailer for response to community needs. All VA Firefighters are Hazardous Materials Technician level certified.

In an article dated December 26, 1879 from the Steuben Farmers Advocate the reporter described how the new bridge was safety tested: *"The new iron bridge over the Conhotcon, leading to the Soldiers' Home is now completed and has been fully tested. 300 soldiers were upon it endeavoring to make it show signs of motion, but failed to do so. It is a beauty and can be crossed with perfect safety."* Procedures have surely changed since then!



Haz-Com 2003

# SECURITY

In the 1920's Building 48 was a guardhouse. It was located just east of the Conhocton River bridge and on the north side of the road. Standing beside it, to the north was a hose house. Another hose house, Building 8 was east of the Engineering Building 9 about 1930 and east of Building 7.

In a domiciliary survey in 1943 there is reference to the guardhouse. The guard force at that time consisted of one chief guard, five other civilian guards and three member guards. The guard house was located in an old one story brick building known as the vegetable cellar and consisted of a detention room with space for approximately 12 beds and 2 cells. One revolver and two tear gas billies with an appropriate number of cartridges had been furnished to the facility and the revolver was kept in a large safe in the guard house. The tear gas billies and cartridges were kept in a strong box with valuables and the keys to the safe and strong box were always in the possession of the chief guard or his assistant. The guards also had knight sticks.

Before 1972 the security building was housed in Building 14, which is now the Fire Department and back in the early days was the site of a root cellar. The site was probably put into use about the time Building 5 was removed. This site has been altered over the years to become the present fire department.

Early in 1971 the Office of Personnel Management converted VA guards to police officers under Engineering Service. In 1979 the police were relocated to Building 44. There were four officers and a chief covering the facility 24 hours a day/seven days a week. The officers were armed with handcuffs and chemical MACE. In 1980 the force was enlarged to five officers. In 1982 the police nationwide were placed under the office of the director. In 1994 the police were trained and armed with the PR-24 baton as well as MACE. A firearms pilot program was started in 1996 involving six VAs across the nation. Another change nationwide was made in 1997 when they started carrying pepper spray instead of MACE. October 2002 found the VA police at Bath armed with the 9mm Beretta firearms. The police section has grown to seven officers, an office automation assistant, two sergeants, one lieutenant, and a chief.



*Police Headquarters*

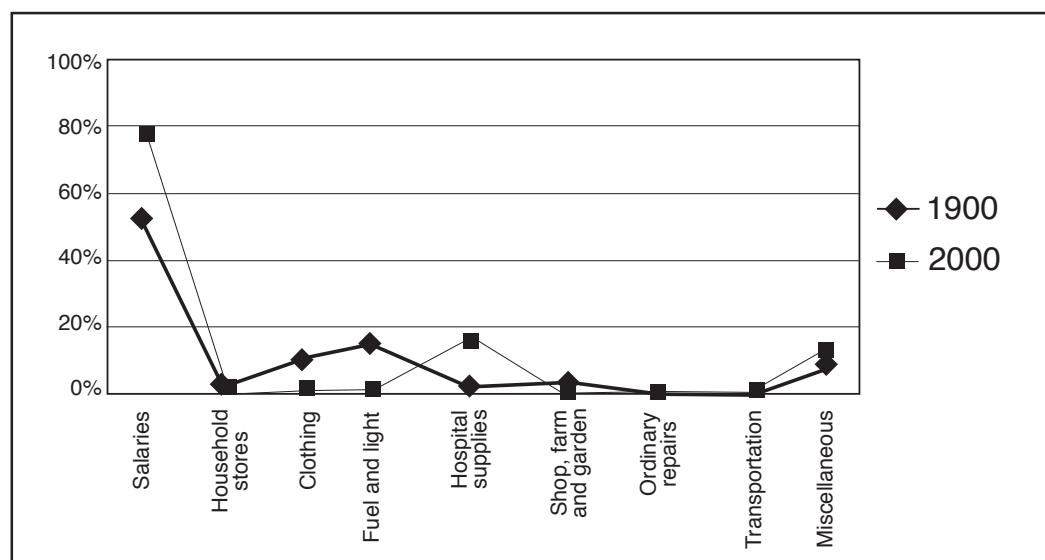


*Guard Shack*

# FISCAL

The goal of Fiscal is to maintain a comprehensive operating budget for all the financial activities of the Medical Center. During the first five years after the organization of VISN 2, the operating budget was centralized at the VISN 2 Offices and was administered through the five Service/Care Lines of: Diagnostics & Therapeutics, Geriatrics & Extended Care, Medical VA Care, Behavioral Health and the Service Line. In April 2003 however, the budgets were returned to the local Medical Centers.

Although difficult to compare budgets from 1900 and 2002 because of differences in terminology, the following is a rough comparison by percentage of total budget spent in each category.



## Oh, how times have changed!

- September 30, 1914 authorization was given the cashier to hire a guard when conveying money to and from the Home.
- September 1917 the Commandant directed a time book be maintained reporting the work time of all officers, including the Superintendent of Grounds on a daily basis.
- In 1919 the Commandant requested that the price of a good automobile be included in the next budget.
- In 1929 the Board of Trustees directed heads of departments to allow employees half holidays on Saturdays when it did not conflict with necessary duty.

# HUMAN RESOURCES

---

Formerly known as Personnel Service, Human Resources (HR) was responsible for recruitment, classification and benefit services in the 1950's. By the 1970's HR assumed responsibility for administrative assistance in disciplinary matters, union management relationships, EEO and records administration. Today Human Resources is responsible for Recruitment and Placement for Title 5 and Title 38 positions, Labor Relations, Employee Relations, Benefits, Records and Pay Administration, Classification, Personnel Policies, Awards, Employee Performance, among other things.

Until recently employees, except doctors and nurses, were hired as Civil Service Employees. During the calendar year 1952 Personnel processed 272 appointments for the 885 positions filled at the Medical Center, 118 of which were member employees. At that time, unlike today, the member employment reduced the cost of operation of the Medical Center.

In 1954 there were seven employees in Personnel, down from 11 earlier.

At different points in time, various personnel actions have been centralized, decentralized to the Medical Centers, centralized again and then recently decentralized once more. In 2000 staffing, employee benefits and personnel records were moved to the Shared Service Center in Topeka, Kansas. In January 2003, these responsibilities were returned to the local sites.

In 2001 Human Resource Staff at Bath was provided training and given authority to become a Delegated Examining Unit (DEU). The DEU now handles all outside recruitment for VISN 2 which encompasses Albany, Batavia, Bath, Buffalo, Canandaigua, and Syracuse. Human Resources at Bath is also responsible for all position classifications in VISN 2.

Currently HR at Bath provides services to (750) employees locally and classification services to (5,000) within VISN 2.

# SOCIAL WORK

---

Social Work is a profession devoted to helping people function optimally within their environment. It links the medical staff, the patient and the community to provide effective medical care.

It began in late 1800's and early 1900's efforts to meet the needs of the poor, of neglected children and of exploited workers. The social welfare emphasis shifted from reform to exploring how the environment effects behavior and it was during this period in the early 1900's that social workers began collecting the results of social, psychological and environmental information to assist the doctors with developing a better understanding of the patient. The specialization of medical and psychiatric social work developed from this practice. In 1898 the Columbia University School of Social Work opened and in 1920 the Association of Training Schools of Professional Social Work was founded and in 1955 the National Association of Social Workers was founded.

Social workers are a vital part of the health care team with the doctors, nurses and other health care professionals. At the VA they typically assess social and emotional factors as they affect the patient's illness, need for care and response to treatment/adjustment to care. Additionally they assess the patient's need for long term care, evaluate the home and family situation and explore alternatives to in-home care and help arrange discharge plans. The social worker who specializes in the field of aging, plans and evaluates services for the elderly and may also help older people and their families deal with issues related to decreasing health and changing circumstances. They help in making or arranging discharge plans, help give encouragement, interface with the family to facilitate return to the community or to a lower level of care.

In 1954 there were four social workers while in 2003 there were 13. In the 1950's through 1997, social workers were organized under the Chief of Professional Services, later called the Chief of Staff. Social workers are organizationally assigned to one of the care lines in 2003.

*Social workers are a vital part  
of the health care team*

# RULES OF ADMISSION

---

Bureaucracies must have rules defined to determine who can come in and how they can leave. So, the NYSSSH developed such criteria and modified it over the years as the need developed.

Rules of Admission from 1880 to 1916 required a veteran to submit a formal application for admission and he must have:

- Been honorably discharged
- Been born in, or been resident of, NYS for one year preceding admission
- Been disabled from a wound or wounds received while in service of the US
- No property or means of support
- No relatives of sufficient ability to maintain him and if he received a pension from the US he had to deposit the whole amount received with the Treasurer of the Home
- Not been an "inmate" of another National Home or discharged from one within the past 3 months.

In June 16, 1902 those receiving pensions of more than \$12 per month were not admitted unless there were special circumstances. Anything in excess about the \$12 was retained by the Home. In August 1904 the Board rescinded this order and issued a new order refusing admission to veterans receiving a pension of \$17 or more per month.

The Rules of Admission in 1917 became more formal. No person was admitted to the benefits of the Home until he submitted a signed, formal application in writing or print. The application had to be favorably acted upon by a member of the Board of Trustees or the Commandant and was subject to approval of the Board. The application had to include documentation of an honorable discharge, or proof thereof, and evidence satisfactory to the Board of Trustees or the Commandant as follows:

- That he served in the army and navy of the United States during the late rebellion [Civil War] or the war with Spain [Spanish American War], and enlisted from the State of New York, or was a resident thereof for one year preceding application for admission.
- That he was disabled from a wound or wounds received while in the service of the United States, or from sickness, or disability or age, and needs the aid or benefit of the Home, in consequence of physical disability.
- That at the date of his application he had no property or means of support, and that he was unable to support himself by his own efforts and labor.
- His name in full, age and occupation, place of nativity, and affidavit of place of residence at the time of application and of entering the service.
- The company and regiment or vessel in which he had served and the Captain, Colonel, or officer under whom he served.
- The date of his enlistment and discharge.
- If the applicant was a U.S. pensioner, he had to file his pension certificate that was retained by the Home while he remained a member.
- If not a pensioner he had to sign an affidavit he was not.
- An agreement to conduct himself properly and submit to the rules, regulations and discipline of the Home.
- The applicant also had to furnish satisfactory proof of his identity.
- No person could be admitted to the Home who was a member of any State or National Homes, or who had been discharged therefrom within three months previous, except upon an order of a Trustee, subject to the approval of the Board at the next quarterly meeting.



*Headquarters*

*continued on next page*

# RULES OF ADMISSION (continued)

Each time the US participated in hostilities the rules changed to include the veterans from those conflicts. In 1922 veterans who had served in the insurrection in the Philippines, or the military or naval forces of the US during the World War (I) and who enlisted from NYS or were residents for 1 year preceding application for admission were eligible for admission.

By 2003, eligibility requirements changed substantially in concept and practice. The primary factor for determining a veteran's eligibility is veteran's status. The veteran must have served on active duty in the military, naval or air service for at least 24 continuous months and been discharged or released from active duty under other than dishonorable conditions. Then the veteran must meet the following requirements:

- First term of active duty began after September 7, 1980 OR
- Originally signed up under a delayed entry program on or before this date and who entered active duty after that day OR
- Be former commissioned officers and warrant officers whose first term of active duty began after October 16, 1982 OR
- Any other officer or enlisted veteran who entered active duty after October 16, 1981 and who had not previously completed at least 24 months of continuous activity duty service or had been discharged or released from active duty under 1171 or Title 10.

In some specific circumstances, the 24 continuous months of active duty requirement does not apply.

Once the veteran applies for enrollment for VA health care eligibility must be verified. Then, based on the specific eligibility status, the veteran is then assigned a priority group as follows:

**Priority Group 1:** Veterans who have service-connected (SC) disabilities rated 50% or more disabling.

**Priority Group 2:** Veterans with SC disabilities rated 30% or 40% disabling.

**Priority Group 3:** Veterans who are former Prisoners of War; have been awarded the Purple Heart; were discharged for a disability that was incurred or aggravated in the line of duty; are 10% or 20% SC; or have been awarded special eligibility under Title 38, "benefits for individuals disabled by treatment or vocational rehabilitation".

**Priority Group 4:** Veterans who are receiving aid and attendance or housebound benefits; have been determined by VA to be catastrophically disabled.



*Sleeping Room, Dining Room*

**Priority Group 5:** Nonservice-connected veterans (NSC) and noncompensable SC veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds; receive VA pension benefits; or are eligible for Medicaid benefits.

**Priority Group 6:** Compensable 0% SC veterans; World War I veterans; Mexican Border veterans and those solely seeking care for disorders associated with exposure to herbicides while in Vietnam; or exposure to ionizing radiation during atmospheric testing or during occupation of Hiroshima and Nagasaki; or for disorders associated with service in the Gulf War; or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998.

**Priority Group 7:** Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index. There are three additional subpriorities in this group.

**Priority Group 8:** Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and the HUD geographic index. There are subpriorities in this group also but the important distinction is that those who are NSC or 0% noncompensable SC veterans who enrolled before January 16, 2003 and have remained enrolled since that date remain eligible. However for those who were not enrolled by that time and no longer able to enroll. As of January 17, 2003 the VA is not accepting new Priority Group 8 veterans for enrollment.

# DISCHARGES

Getting admitted to the facility was a process that evolved to be more complicated and bureaucratic over the years. On the flip side was getting out of the facility which became less complicated over time.

General Order #188 from the fall of 1884 reads: *"The following named Inmate is hereby discharged upon his own application and Statement that he is able to maintain himself. He will be readmitted only by an order from the Board of Trustees and upon such conditions as they may impose."* [Note: The Board of Trustees only met quarterly]

In 1917 any member of the Home could receive an honorable discharge (language showing how military oriented the facility still was) *"upon his application therefore, unless he be at the time under charges for misconduct."* The second stipulation is the one which would be found very unusual today - *"whenever the Board of Trustees or Executive Committee shall be satisfied that any member has sufficient means or ability to support himself he may be discharged"*. He could also receive what would be called a irregular discharge today but in 1917 *"any member may be expelled by the Board of Trustees, the Executive Committee, or the Commandant, for a willful violation of the rules and regulations"*.

In 1943 and continuing through 1961, members could be discharged at any time upon request. However, members under disciplinary sentences would be discharged under conditions which could deprive them of their right to readmission to any facility of the Veterans Administration for a period of three months, except in the event of a medical emergency. By 1961 there were three types of discharges: Administrative; Regular or Disciplinary and a disciplinary discharge prohibited readmission, usually for one year.

**DISCIPLINE:** Members will be tried in the Manager's Court for violation of rules and regulations and when found guilty may be deprived of facility privileges, required to do extra work, or the Manager may recommend disbarment from any Veterans Administration Facility for definite periods not exceeding six months.

**CONDUCT:** Unnecessary noises in Quarters such as loud speaking, walking on floors with shoes between taps and reveille, are forbidden. Drunkenness, foul or abusive language, committing any nuisance in Quarters or on station grounds will not be tolerated. In 1961: *You are subject to all the rules and regulations established by the Administrator of Veterans Affairs and by the management of this Center. These rules and regulations are made in order to preserve order and discipline. You are required to conduct yourself as a gentleman at all times. Do not allow either your clothing or yourself to become dirty or untidy. Quarreling, using foul or boisterous language will not be tolerated and will result in discipline action begin taken. Disciplinary measures will be in the form of reprimands, restriction to the*



Officers of the N.Y.S.S. & S. Home

*Center, or restriction to quarters in pajamas and bathrobe. Chronic offenders will be given a disciplinary discharge with an exclusions period of six months one year. During this period a veteran would not be eligible for Domiciliary care in any Domiciliary.*

Once inside it was difficult to get out, even for a short period of time.

November 1, 1884: General Order #202: *John A. Smith, late Co. K, 13th New York Infantry Vol. having been absent on Furlough since November 2, 1882 and having applied for a further extension of six months, the inference is that he is able to care for himself and he is hereby discharged. He may be readmitted on making a written application with a Surgeon's certificate that he is physically unable to support himself.*

December 12, 1885: General Order #260: *The following named inmate admitted to the Home Sept. 19, 1885, a Pensioner at \$4.00 per month, for attempting to deceive the authorities of the Home for the purpose of evading the Regulation in regard to the disposition of his pension by causing a portion of his Quarterly Pension due December 4, 1885, to be sent to a party in New York, representing that it was for the benefit of his children, when he intended said money to be returned to his own use is Summarily Discharged.*

In 1897 a provost guard was actually placed on the grounds to keep the "inmates" from going to town without a pass from the adjutant.

By 1917 there was not much improvement. Members could not leave the grounds of the Home, enter the barns, stables, shops, kitchen, laundry or detached buildings, without permission of the Commandant; and members had to appear at all times in the uniform or dress established by the Board of Trustees. No pass was issued to any member not in uniform and clean in person and dress.

*continued on next page*

# DISCHARGES (continued)

---

The regulations had finally relaxed by 1943 when passes for periods of 24 hours or less *"may be issued by Company Commanders, and not more than two such passes may be issued in any one week, except in cases of emergency or sufficient cause shown. Members desiring to be absent for more than 24 hours and not more than 15 days, may be granted leave of absence subject to one additional extension of not more than 15 days. Members desiring to be absent for more than 30 days and not more than 3 months, may be granted a furlough. Not more than 90 days furlough may be granted a member in any one calendar year, except in emergencies."* There was nothing routine about being granted passes or leaves of absence and members on leaves of absences or furloughs were not guaranteed a bed when they were ready to return and had to communicate with the Facility to be sure there was a bed for them. Members who didn't return to the Facility at the expiration of a pass, leave of absence or furlough, or enforced furlough, were carried as absent without leave for a period of seven days and discharged on the 8th day. Any member who was dropped from the rolls for being absent without leave and left personal effects at the Facility, could secure these effects by writing or calling in calling in person.

Moving ahead to 1961 further changes had been made. Then a member of the Center for 6 months with good conduct could apply for a Merit Pass, which permitted him to remain out until midnight. A member had to apply for this through the Section Leader. The member who discharged with no problems and who possessed a Merit Pass had to have it certified by the Section Leader. Then if the veteran was readmitted to any Domiciliary he could present the certificate and a current Merit Pass was issued immediately. Merit Passes could be revoked by the Director or his designate for unsatisfactory conduct either on or off station. Revocation of a Merit Pass resulted in a 6-month waiting period before the issuance of another Merit Pass.

Other types of passes included:

- 24 hour pass which the Section Leader could give; or a
- When requested, a 1-3 day pass could be given upon recommendation of the Section Leader and approval of the Domiciliary Director; or
- When requested, the Domiciliary Director, upon recommendation of the Section Leader could issue a furlough for 90 days. No leave was permitted that exceeded 90 days.

There were some restrictions to these passes. A period of 72 hours of Domiciliary living care was required between leaves, except in emergency cases. Any members not returning from pass or furlough were considered A.W.O.L. for five days and were discharged after that. Beds were still not held for members on furlough and they were required to check with the Center before returning to be sure that a bed was available.

## Prohibited Practices:

Taken from the annual report to the New York State Legislature in 1917 are the prohibited practices - some look familiar even today, others not so.

- Profanity and vulgarity are forbidden, and quarrels among the members or employees will subject the offender to punishment. Any member appearing upon the grounds or in any of the dormitories in an intoxicated condition, or who conducts himself in a disorderly or insubordinate manner, or violates the provisions of this rule or the previous rule, may be placed in confinement for such time as the Commandant may direct, not exceeding thirty days. Resistance to the enforcement of this rule will subject the offender to dishonorable dismissal from the Home at the discretion of the Commandant.
- All members of the Home will conduct themselves at all times in a quiet and orderly manner, and observe strict courtesy toward the officers and in their intercourse with each other. They will discharge such duties as may be required of them by the Commandant. Any member, who is habitually intoxicated, disobeys orders, or who refuses to perform, without pay, any labor or duty imposed upon him, unless excused for disability by the Surgeon of the Home, will be summarily discharged by the Commandant.
- The use of intoxicating liquors on the grounds and in the buildings is prohibited, and the introduction of such liquors shall subject the offender to summary dismissal from the Home.
- No smoking will be allowed in the buildings except in the rooms designated by the Commandant for that purpose.
- Water, sweepings or refuse of any sort, shall not be thrown from the windows or doors of the buildings, but must be put in places designated by the Commandant.
- Marking on the walls is forbidden, and defacing the buildings, trees, fences or structures will subject the offender to punishment, and render him liable to the Home for the damages done.

As in rules of admission, conduct and other such items, by 1943 & 1961 there were more items which were prohibited when compared with 1917.

**BORROWING OR LENDING MONEY:** Borrowing or lending money between members or between members and employees of this facility is forbidden and those found guilty of violating these regulations will be cited for disciplinary action. *Remained unchanged in 1961*

*continued on next page*

# DISCHARGES (continued)

---

**DRUGS AND INTOXICANTS:** Members are not permitted to have in their possession drugs or intoxicating liquors. Medicines for self medication are not permitted unless prescribed by a medical officer of the VA. Instruments used for administering drugs and self medication will be impounded if found in the possession of a member and will be returned to the member upon discharge. Members suffering from diabetes may have in their possession insulin and instruments for administering insulin when authorized by a medical officer. Medicines that are prescribed by a Veterans Administration physician are allowed and should be kept in your locker.

**FALSE STATEMENTS:** Veterans who knowingly make false statements for the purpose of obtaining benefits such as clothing, tobacco, cigarettes and other articles or services furnished by the Veterans Administration may, when found guilty, be barred from all rights and privileges including compensation, pension, hospitalization, etc., in addition to fines and imprisonments in accordance with Federal laws. *No changes*

**FIREARMS AND DANGEROUS WEAPONS:** Firearms and dangerous weapons are not permitted on the Facility grounds and such weapons as pistols, dirks, etc., when found in the possession of any member will be impounded for the duration of membership and returned upon discharge provided they are released by the US Attorney of the district, as outlined in governing directives. In case cartridges or shells are confiscated, they will be exploded or otherwise in accordance with Federal laws.

**GAMBLING:** Gambling in any form is prohibited within the reservation. *Unchanged in 1961*

**SOLICITING:** It is contrary to regulations for any member, patient or employee to peddle or sell articles or commodities of any kind, any place in the station. The only exception to this rule is that members or patients may sell articles that have been made or fabricated by them in the Hobby Shop. Hobby shop constructed articles and articles made by the blind can be sold through the regular outlets listed in the directory for the blind or to interested volunteers and organization who participate in the Veterans Administration Volunteer Service program.

**DETAILS:** Members of all Companies other than non-duty companies are subject to barrack detail, and such of these members as are not over 62 years of age and are not borne on the pay-rolls, are subject to camp detail, performing work that may be necessary to keep the station properly policed, buildings and grounds clean and in order, and other necessary work in relation to the general maintenance of the Facility. Under no circumstances will tipping of members or employees for services rendered be allowed. Likewise, members may not engage other members to perform any part of their assigned detail for pay.

**FIRES:** The cooperation of all members and employees is necessary in the prevention of fire. Smoking while making up, lying or sitting on beds is strictly forbidden. Receptacles have been provided in all wards and solaria for the convenience of those who smoke. Cigars, cigarettes and matches must be thoroughly extinguished when discarded. The use of any matches except safety matches is prohibited within the Facility grounds. Only safety matches and lighter fluids that are in unbreakable closed containers are allowed within this Center.

**TRESPASSING:** Members are forbidden to enter shops, power house, laundry or other service buildings of the Facility without definite authority. Members detailed to any of the service buildings mentioned herein will be considered to have proper authority. By 1961 all personnel quarters and surrounding areas were considered off-limits too.

In 2003, patients in the hospital are discharged when they have reached a non-acute status. They may be discharged to long-term care (inside or outside the VA); home or to another hospital for care which cannot be provided at this facility.

In the Domiciliary the patients begin the Discharge Planning Process at the time of admission. Discharge planning is viewed as a process and discharge plans indicate where the patient is being discharged to, where the patient will be residing and any referrals for follow-up services. Criteria for discharge from the Domiciliary include:

- Patient has accomplished needs/goals as defined in the treatment plan.
- Patient is prepared for community reentry, has identified resources for discharge.
- Patient requires additional treatment or transition to another level of care.
- Patient has failed to adhere to the rules and regulations of the environment.
- Patient requested discharge before treatment goals are met resulting in other than regular discharge.
- Patient has a personal emergency allowing for early discharge.

However, if a patient does not return from pass and cannot be contacted, s/he will be processed for an irregular release.

Because the length of stay has changed from lengthy, life stay to a 4-6 months treatment time frame and because Domiciliary patients come for a particular program, passes may be issued for up to four days although patients are encouraged to be gone only for weekends and/or holidays. Authorized Absence over four days requires a doctor's order and is generally utilized for discharge planning.

# LIBRARY

In 1878 the treasurer of the Soldiers Home at Bath received a remittance of \$106.74 from Posts Chapin, Bidwell and Wilkinson of Buffalo. Their lecture committee found a surplus of this amount in their treasury and it was unanimously voted that it be forwarded to the Soldiers' Home for the purpose of establishing a library for its inmates. By April 1880 there were 900 volumes.

The original library, designated as Barracks G, was built as a barracks and reading room in the 1880's. This is now Building 41 and houses Fiscal, Information Systems and Acquisition & Materiel Management.

In March 1879 there was a tour of inspection by the local newspaper. At that time the 3rd floor of the west barrack was used as a reading and lounging room but *"the dense atmosphere of tobacco smoke in which the old soldiers were reveling, caused the inspectors to beat a hasty retreat without making extensive observations"*.

In May 1896, Chapter 900 authorized sale of ale and beer on premises. Profits were used to support the library, reading rooms and other purposes for comfort and amusement of the Sailors' home. On May 12, 1904 the Board decided to close the Canteen and sell all ale and beer on hand.

1932 saw the largest circulation when 65,153 books were checked out to readers that year, probably because many World War I veterans were admitted that year and there were no other recreation facilities available.

By 1940 there were three libraries at the Bath VA. The General Library, still in Building 41 had 5635 volumes of fiction and 2826 volumes of non-fiction. The reading room had a seating capacity of 60 people and an average of over 300 members came daily. When the National Homes for Disabled Volunteer Soldiers took over in Bath, a member of the domiciliary was made librarian. Central Office sent the Librarian from Dayton to instruct him for three months. He continued in that role until a trained Librarian arrived that year. The Hospital Library contained 600 books. On Monday and

Thursday afternoons the librarian visited all patients unable to get to the library. The Medical Library had 179 books and 24 Medical Journals.

In 1943 the survey of Library activities conducted by the Superintendent of Librarians, made the following comments. The Medical Library was in the conference room on the first floor adjoining the office of the Chief Medical Officer.

*"The Medical books are very accessible to all the staff physicians as there is an honor system in force whereby responsibility for them is shared by the various physicians and the room is left open for their use. Technically, at the present time, the Chief Librarian is held responsible for them as property and it was her idea to institute the honor system now in force and which, so far, has worked well. She does not have direct supervision as her office is in the Home Library [Building 41] and in accordance with Regulation and Procedure the*

*property responsibility in such instance devolves upon the Chief Medical Officer."* There were 283 medical books and a subscription to 20 journals.

The Domiciliary library was in Building 41 until 1958. All the libraries had a total of 10,000 volumes in the collection in 1943. About 400 were kept in the hospital library and approximately the same number in a small library in the barracks. They were exchanged every three months. The hospital library was on the 6th floor and was 14'x24' near the elevators. It was open Monday-Friday from 10:00-11:30 a.m. and 1:30-4:00 p.m. There was seating space for 10 at one time but there was no wheelchair seating space. The book truck was taken through the wards twice weekly and to the receiving ward

four times each week. There were 20 or more blind members in the barracks for whom a Talking Book was available.

In 1958 the library was praised by the Chief Medical Director for the VA as being *"the best he has seen in the VA"*. There were four libraries at that time: Main Library;

Hospital Library; Medical Library and a library in Section 2 for disabled domiciliary members with a total collection of over 19,500 volumes.



Barracks G and Library



Inside the library

*continued on next page*

# LIBRARY (continued)

---

In 1969 there was an Audio-Visual Conference at Bath for 50 librarians from VA, hospitals, colleges, schools and public libraries. The value and use of audio-visual equipment and materials in continuing medication education was the program goal.

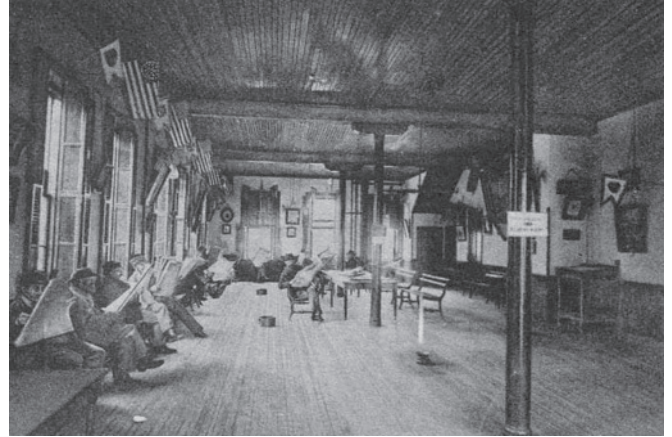
In 1949 an 8-bed ward was renovated into a kitchen and dish room on the 3rd floor of the hospital. In 1958 there was a major renovation of the hospital and this area became the medical library and patients' library in the hospital. The patients' library was changed to the Employees' Resources Center 2001 and the medical library area was incorporated into Medical Media and the Medical Library moved across the hall.

In 1960 the Special Services Division was reorganized and Library and Voluntary Services were under the direction of the Director of Professional Services later known as Chief of Staff.

Today the goals of the Library staff are to aid patients in their recovery through materials which meet their educational, therapeutic and recreational needs; to furnish services for medical staff and provide material for other staff members in their self-development. Library is now under the Knowledge Management Office at the VISN 2 office in Albany.

Of course computer technology has expanded the possibilities for researching topics of interest for staff. There is an online catalog of all the holdings and access to at least as many journals online as are in the collection. In addition, materials from libraries across the US and Canada can be requested and the articles faxed or transmitted digitally within a matter of minutes. Twenty years ago, articles could only be obtained from the collections of other VA libraries, and then the requestor had to wait for it to arrive in the mail.

The Medical Library collection in 2003 consists of: 963 books, 76 journals, 310 audiovisuals and 12 CD-ROMs. The Domiciliary Library has 8443 books, 47 journals and 21 audiovisuals.



*Reading Room*

## MEDICAL MEDIA

Medical Media Production Service came into being as a separate service in 1978. The aim of Medical Media is to help improve the quality of education by providing biomedical communication resources and support services through many mediums. This may be accomplished through graphics and medical illustrations, analog and digital photography, video productions and audiovisual equipment services. At its inception, this discipline consisted of one person and today two. It has always been located in the south center of the hospital building.

# MEDICAL AND NURSING

When the NYSSSH opened it served primarily as a place for veterans of the Civil War who had some mild health problems and needed a place to live. As these soldiers aged, they developed medical problems which needed the attention of a doctor and then, nurses. The original hospital, Building 29, was constructed to meet those needs.

A doctor, then referred to as the surgeon, was hired. He lived in town and came to the Home for sick call where the inmates were assessed and treated. If they were unable to walk to see the surgeon, then others carried them.

It became apparent that something needed to be done. In the 1887 report to the NYS Legislature, the surgeon urged that the facility employ trained or skilled nurses to take the place of the *"old soldiers who have so long and faithfully nursed their sick companions"*. Obviously not much progress was made in this direction as it was again requested in 1905.

Completed in 1938, the new hospital had an operating suite on the 5th floor which remained open until the mid-1970's. The operating suite consisted of two large general surgical rooms, a smaller Ear, Eye, Nose and Throat (EENT) and minor surgical room and a plaster room. Additionally there was an instrument storage room and wash/dressing rooms for male and female staff. Surgical cases covered the range of cases except for major neurosurgery, laryngectomy, pulmonary, mediastinal and major plastic surgery. Beds in Ward 7 of the old hospital building were maintained for intermediary care. They were closed in 1954 and a new general medical ward was located in Section 2. It accommodated 46 patients.

World War II brought in many new patients who needed medical care and rehabilitation. By 1954 there were 304 beds in the hospital and the bed capacity was assigned as follows:

- Ward 2A with 39 beds and Ward 3A with 32 beds were general medical beds.
- Ward 3B was for cardiac patients and had 47 beds.
- Ward 4A had five Physical Medicine Rehabilitation and 57 general medical beds.
- Ward 4B was assigned to neuropsychiatry and had 42 beds.
- Ward 6A had 11 isolation beds and 6B was for gastroenterology patients.



Building 29, Ward G

When the hospital opened in 1938, the official dress for the medical and surgical staff was blue uniforms and officers caps in the fall and winter and white trousers in the spring and summer.

The Electrocardiology (EKG) department was originally a part of the Clinical Laboratory which included radiology, laboratory and EKG. They were all located on the south end of the 1st floor. In the 1950's it was equipped with two photographic-type and two direct-writing type machines and a Ballisto-Cardiograph. They tested more than 2000 patients a year. During the late 1970's EKG was moved from one room on the 4th floor to a 3-room lab on the 2nd floor and in the early 1980's they packed their bags again and moved to a 7-room lab on the first floor. In 2001 two additional rooms on the 1st floor created Echo and Stress testing labs.

Each decade from the 1970's saw additional diagnostic tools added including: 3-channel ECGs, Vectorcardiograms, Phonocardiograms, treadmill exercise testing and m-mode echocardiography in the 1970's;



Building 76, Ear, Eye, Nose and Throat Clinic

two dimensional echocardiography, ambulatory 24-hour Holter monitoring/scanning, pacemaker surveillance equipment, computerized ECGs and telephone ECG event monitoring during the 1980's and Color/pulsed/CW Doppler, ambulatory BP monitoring, Impedance Plethysmography, 48-hour Holter monitoring, high resolution ECGs, ECG editing/interpretation/storage via centralized MUSE computer system in the 1990's. This system was recently integrated with the centralized computer and a 30-day event loop patient monitoring was also added.

In 2003 there are two cardiologists who provide part time clinic coverage and/or diagnostic interpretation and three technicians who perform approximately 4000 procedures for over 250 patients in the four hour weekly cardiovascular clinic.

*continued on next page*

# MEDICAL AND NURSING (continued)

Nursing staff increased commensurate with the changing medical needs of the veterans being treated. In 1954 there were 80 professional nurses, 9 of whom were head nurses; 98 hospital aides and 28 laborers. There was also one Public Health Nurse Supervisor and six staff nurses assigned to the Domiciliary. These nurses maintained an active clinic program and dispensary service which focused on health teaching of domiciliary members. Nursing services were available in the Domiciliary for the day and evening shifts.

Medical and surgical nursing aides were trained at the facility by staff in the Education Department of nursing. Basic instruction consisted of 60 hours of organized instruction, more than half of which was given on the wards through demonstrations and return demonstrations. Then, during the next four months, the trainees were rotated through the various services including five weeks each on Medical, Surgical and Orthopedic Services, three days in Central Supply and two days on the Tuberculosis Service.

Patient Education was, as it is today, another phase of care provided.

By 1977, there were Nurse Practitioners at the facility in addition to a nurse focusing on Infection Control and one on Quality Assurance. Today 13 Performance Management staff work to ensure quality patient care through process improvement and performance measurement. Performance Management includes:

- The Utilization Management Nurse who promotes improvements in patient care and maximizes reimbursement while the Medical Care Cost Fund Nurse works collaboratively with UM to maximize third party insurance billing.
- The Customer Service Coordinator promotes exceeding the patient's expectation in a variety of ways while the Patient Advocate assists patients in resolving problems.
- The Credentialing & Privileging Coordinator verifies qualifications when staff are employed and privileging decisions are made.
- The Risk Manager helps plan and implement a program to evaluate and improve services and minimize risk and the Patient Safety Manager implements policies and activities developed by the National Center for Patient Safety, to build and implement safety systems.
- The Industrial Hygienist maintains a complete environmental/industrial hygiene program consistent with state, federal, VA, and other standards.
- The Workmen's Compensation Specialist provides a complete program for employees' injury and illness.
- The External Peer Review Nurse coordinates the EPRP program and provides information so the site is in compliance with external review requirements.
- The Continuous Quality Improvement Coordinator plans and manages the CQI effort to meet Network and local objectives and customer needs.
- The Performance Management Manager coordinates external review of care facilities to ensure quality of health care services provided, provides education on accreditation body guidelines and ensures policies and practices meet industry standards.
- The Infection Control Nurse identifies problems and coordinates the response to infections in the facility.



*Hospital Ward, Building 29 - 1890*



*Hospital Building 29, Wings A-G*

# MISSION

Beginning with the aftermath of the Civil War, this facility has been attuned to every American skirmish, conflict, battle, war, or threat. After the Civil War hundreds of thousands who had fought, marched home. However many of them found the faces behind the familiar counters and desks they once knew were occupied by people they did not know and the tools they held and the positions they once occupied had been filled. Employers forgot their pledges and refused work to the veterans. Thousands of these veterans were disabled from hard work or wounds or disease. Those who had no friends were reduced to the necessity of going to the National Soldiers Homes in distant States or becoming inmates of the poor houses in New York.

In March 1879 Superintendent Parkinson addressed the men. A report of the address is contained in the Steuben Courier of March 6th. In part it reads: *"he wished to call to the attention of the men that they had neglected to conform to the rules and regulations of the Home. They had brought*

*intoxicating liquors to the grounds, had drank them there; they had violated pledges which they had made to get passes, and had gotten under the influence of liquor while out on leave of absence. He hoped their better judgment would prevent them from repeating these offenses and that he should not again hear of drunken soldiers on the streets of Bath, nor of any more drinking on the grounds. He also hoped that they would not indulge in the ungentlemanly habit of using profane language."*

In July 1879 the Superintendent was quoted in the Steuben Courier: *"But the injustice that has been done lies in the fact that the people have not discriminated between the men of good habits and those who are intemperate. The fact is that a large class of the inmates of the Home are sober, intelligent and even Christian men, not whenever a man in blue has walked our streets the idea or expression has been thoughtlessly indulged - there goes one of those drunken soldiers. This careless indiscriminate has unwittingly done great injustice to the inmates of the Home as a class, and we ask the good people of Bath to consider this matter and remove the wrong. We honor any man who periled his life to save us a free and happy country, and we pity the soldier who has fallen under the curse of appetite, and so tarnished that honor which otherwise would be the proudest laurel that could crown the human name. But that pity is no excuse for his being permitted to be a disgrace to his fellows. If honor is*

*due him who has periled his life for his country, though he fell prey to temptation and appetite, what honor man can give, is it not due those who had courage to face the dangers of battle, and manhood to withstand the temptations and maintain their standing as men of character and integrity? Let us remember there is a large number of these at our Home, who deserve lasting honor and respect from every citizen who enjoys the blessings of our free institutes, and see that the recklessness of others is not allowed to throw a shadow over their fame."*



Amusement Hall   Home Store   Gas House   Boiler House

Francis Murphy (1836-1907) was born in Ireland and came to the U.S. when he was 16. He worked as a publican in Maine, experiencing first hand the evils of drink. A spell in prison caused him to "see the light" and sign a temperance pledge. Drinkers were to be dealt sympathetically in a spirit of Christian charity. He called on his followers to sign the following pledge:

*With malice toward none, with charity for all:*

*I, the undersigned, do pledge my word and honor (God helping me) to abstain from all intoxicating liquors as a beverage, and that I will by all honorable means encourage others to abstain.*

Murphy adopted the blue ribbon inspired by a line from the Bible (Numbers 15, verses 38-38): *"Speak unto the children of Israel, and bid them that they make them fringes in the borders of their garments, throughout their generations, and that they put upon the fringe of the borders a ribband of blue: and it shall be unto you a fringe, that ye may look upon it, and remember all the commandments of the Lord, and do them."*

In 1943 Section 6 was for white and colored duty members; Section 5 was for duty and extra duty white members; Section 4, originally a white duty company was closed at that time; Section 3 was for white duty members; Section 2 for white and colored duty members. Notes from a survey of the domiciliary in 1943 read: *"Many water sections and bath rooms make it very easy to use [Section 6] this company for both white and colored members"*. Segregation was alive in the VA just as it was in the military.

*continued on next page*

# MISSION (continued)

---

In 1943 there were 275 members detailed to work outside the barracks and 230 who worked in barracks details. Every member who was physically able was assigned daily to either barrack or camp detail.

In 1955 the Veterans Administration launched a program of planned living to rehabilitate the aging and aged veterans in Domiciliaries. This new program was to:

- Provide a place where eligible disabled veterans can live under conditions which will promote their health and contentment.
- Furnish authorized articles and services which they are unable to provide for themselves, including necessary medical care and hospitalization;
- Institute rehabilitation measures so as to enable each disabled veteran to return to his community, or where this is not possible, to function at maximum capacity in domiciliary status to enable them to enjoy their remaining years more fully with security and dignity.

The heart of the program was an activity planning board which drafted an individual plan for each member. The plan provided for the constructive effort by the member toward his own maintenance and participation in social and organized recreation activities. The plan was based upon a full medical evaluation and was supplementary to medical care. As part of this program, the VA discontinued all military terminology in connection with domiciliary activities because it no longer applied. Barracks became buildings, companies became sections, company commanders became section leaders and sick call became domiciliary clinics.

Of the 1400 in the Dom, 117 were member employees employed in various jobs for which they received a modest wage. 235 were detailed to numerous tasks incidental to the general maintenance and upkeep of the station. 520 required a limited degree of aid in carrying on activities of daily living and 125 were only able to care for their daily needs and make their own beds. The remainder spent a portion of each day cleaning and maintaining the section in which they resided.

In 1954 a sheltered workshop program concerned with the rehab of domiciliary members was inaugurated. They would assemble small parts including inspecting, sorting, packing, soldering, filing, riveting, fitting, drilling, stenciling, labeling, stapling, envelope stuffing and addressing, folding and gathering of printed materials.

In 1956 plans were underway to increase bed capacity to 472 beds by introducing an intermediary service program which provided more adequate treatment for long term patients.

In 1958 there was a temporary reduction of beds to permit the start of a \$800,000 renovation project of the hospital. On completion of alterations, the hospital census was established at 280 beds, down from 342. Alterations included a new clinical laboratory, central supply, nursing offices, library, modern recovery room, diet kitchens, and morgue. Some 66 people were expected to be laid off due to this project.



Barracks D, E, F

Dining Hall

*continued on next page*

# MISSION (continued)

---

In 1959 an employee was promoted to the position of Vocational Rehabilitation Specialist within the Vocational Counseling Service. His duties were to develop, activate and supervise individual rehab programs for domiciliary patients.

As the face of health care continued to change, in 1965 a feasibility study for establishing a nursing home care unit was conducted and the bids opened at the end of that year. Bennett Construction, Inc. of Dansville won the bid with \$65,795 to convert Ward 4A into a 40-bed nursing home care unit. A 140-bed conversion of Section 2 (Building 78) to nursing home beds was funded in 1972.

As medical care advanced, more changes were made in the mission of the VA and in 1973 a new 6-bed Intensive Care Unit and a 14-bed Respiratory Care Center were opened.

The move from in-patient to outpatient care in health care has been a driver of changes at Bath. In 1983 the ambulatory care addition was completed. In 1944 there were 16 outpatients on record, of which only two were active. In fiscal year 2003, there were 11,954 outpatients who made 202,664 visits to one of any of the outpatient clinics.

In May 1997 Home Based Primary Care (HBPC) was developed to meet the primary medical needs of aging veterans unable to access care because they can't leave their homes easily or drive to Bath. The program was initially staffed with one program coordinator, three registered nurses, half-time social worker and dietitian and minimal time occupational therapist, pharmacist, and medical director. Over the next year and a half, the program expanded to the Elmira CBOC clinic and additional staff were hired to meet the growing patient census. Today, the HBPC program has grown to a census of 180 within a 60 mile radius of Bath and of Elmira and all of Allegany County. There are now three nurse practitioners, seven registered nurses, three half-time social workers, .8 dietitian, one occupational therapist, half-time pharmacist, one office LPN, and one management assistant. In 2003 the Bath HBPC Program began utilizing AVIVA units. These are interactive high technology units placed in veterans' homes enabling a RN/ NP to contact and dialogue with the patient, assess oxygen levels, weight, blood pressure, listen to heart, lung and abdominal sounds as well as look at the skin, etc. with a digital camera. There is also the "Health Buddy" personal computer used as a home messaging system which is programmed for whatever the patient's condition is and what is currently available. The machine flags each morning and the veteran answers questions assessing health condition and reinforcing the signs/symptoms and care for the condition.

In 1971 VA hospitals in Western NY (Bath, Batavia, Buffalo, Canandaigua) and the Erie, PA hospital were organized into a Veterans Administration Regional Medical District #6. 37 such districts were designed to consolidate and unify the largest hospital system in the country. Those Districts were later organized into 15 Regions.

In 1997 a national reorganization occurred again within the VA System and the Veterans Integrated Service Networks (VISNs) were born. These 22 Networks took advantage of regional geographics in terms of sharing services and volume purchasing power. Bath became part of VISN 2 along with the Medical Centers in Albany, Syracuse, Buffalo, and Canandaigua. Bath holds a unique position in the Network because of its rural setting. Rural

health care presents a range of difficulties in the delivery of that care with which the urban facilities do not have to deal.

Bath VA Medical Center has proudly withstood the test of time. For 125 years this facility has provided services to the veterans of the Finger Lakes region. Our methods of

delivering care have changed over the years to meet the changing needs of the Veteran population. However, from a single military-focused Domiciliary building to a 50 building health care-focused Medical Center our original mission has never changed: To provide quality care for the veteran based on individual needs. Veterans' health care is more accessible, more efficient and more patient-centered. The Medical Center has journeyed from a mostly inpatient setting where illness is treated in its latter stages to a system focused on prevention of disease, early detection, health promotion and easier access. As a result, more veterans are being treated with improved quality and patient satisfaction.

In 1938, the Bath VA received a letter from President Franklin D. Roosevelt for the dedication exercises of the newly completed Hospital. In his letter, President Roosevelt noted that "*Bath has the distinction of being not only one of the first sites for a home for relief and comfort of American veterans but what is more significant, the community has always been at the forefront*". Further he stated, "*The Nation wants our veterans to receive the very best medical and hospital care at locations reasonably convenient to their home. This excellent hospital which you today will dedicate at Bath, bears eloquent witness that this national wish is being fulfilled by your government.*" This continues today.

*Bath VA Medical Center  
has proudly withstood  
the test of time.*

# PHARMACY

The pharmacy's objectives are four-fold: to process prescriptions, to provide advice on properties, dosage and characteristics of drugs to medical practitioners and nurses, to provide education to patients on medications, and to assist providers in cost-effective medication management.

In August of 1906 the only staff pharmacist's salary was increased to \$900 per year. Today the pharmacist's salary is almost 100 times that amount. Academic preparation has also increased in complexity and duration. By 1944 there was one pharmacist, one assistant pharmacist and one part-time clean up attendant. Today there are staff pharmacists, clinical pharmacists, pharmacy technicians and administrative support staff for a total of 19.

In a 1944 survey there was a comment made that *"Interval issue of toiletries, comfort articles and tobacco is made by the pharmacist who keeps a proper account which is balanced each month. Only an occasional order of drugs is mailed to outpatients. No narcotics or alcohol are thus dispensed"*.

In 1954 there were two pharmacies, one in the hospital near the original Physical Therapy clinic and one in the dispensary building which became the Domiciliary Operations office and now is the site of the Credit Union. Today there is one large pharmacy in the hospital and one small one in the NHCU.

In 1954 there were about 1000 drug preparations available. There was an average of 150 individual prescriptions per day and 100 ward orders. For fiscal year 2003, there was average of about 18,000 outpatient prescriptions a month or 213,000 for the year. These were for a 90-day supply of medication so this equates to over 386,000 thirty-day prescriptions a year.

In the late 1970's individual doses of medications began to be packaged for each patient in the hospital to reduce the possibility of errors. To further assure accuracy, beginning in the early 2000's, Bath added barcodes to these unit doses. In using the barcode system, the nurse scans the patient's wristband and then the barcode on the medication. This process is cross-referenced via the computer to assure the right medication is given to the right patient at the right time. There were over 40,000-unit doses filled a month or over 480,000 a year for fiscal year 2003.

In 1954 each ward had a drug tray. The nurse filled out a ward order form in duplicate and put that in the tray. At 7:45 a.m. on Monday, Wednesday and Friday, a member employee would pick up the trays. By 9:00 the orders were filled and delivered. Today, all of the ward stock is replenished when the pharmacy staff take inventory and automatically restock without the nurse having to take time to order the medication. In the near future Pyxis machines, which look like ATM machines but have medications in them, will be available for after hours orders. The nurse will be able to get a medication out of an automated drawer that is linked into the medication profile system and to a pharmacy control center that will give a report of what was used to enable restocking. Of course only bar-coded medications will be stocked in this machine.



Drug Room, Section 7

*continued on next page*

## PHARMACY (continued)

Today handwritten prescriptions are no longer accepted. All prescriptions must be entered into the computer and signed electronically. A pharmacist then checks the order in the computer for duplications, drug interactions, dose appropriateness and processes for either mail, pick up or delivery to the wards. For inpatient orders, the order is filled in a package by a computerized machine linked into the profile system. This system results in a barcode on each medication for the nurse to administer.

A pharmacist is not available at all times in the Bath Pharmacy. However, a virtual pharmacist at another site in VISN 2 provides 24-hour, 7-day a week coverage that enables all orders to be reviewed by a pharmacist before a patient is given the medication.

In 1977 the pharmacy operated on an annual drug budget of \$220,000 and filled over 60,000 prescriptions for over 5,000 patients. By 2003, the total budget was over \$6 million for filling over 213,000 prescriptions, 480,000 unit doses and 6400 intravenous piggybacks and 2000 large volume IV's.

In 2002, clinical pharmacists were placed on each of the two outpatient teams located in the hospital. They work directly with medical practitioners in providing cost-effective medications, minimizing food/drug interactions and educating patients. In August 2002, a Coumadin® Clinic was developed to employ a focused and coordinated approach to managing oral anticoagulation. Under the direction of a medical physician, the clinical pharmacists manage a panel of patients referred by consult from primary care providers. The goals of the clinic are to manage anticoagulation dosing, provide systematic monitoring and patient evaluation, provide ongoing patient education to improve patient adherence to a prescribed regimen, and decrease adverse events, hospitalizations and emergency department utilization related to anticoagulation therapy. By achieving these goals, patients receiving warfarin (Coumadin®) may improve their quality of life and satisfaction. As of December 2003, the clinic had enrolled 27 patients and plans to increase in size to 200+ patients.



*Early Pharmacy*



*State-of-the-art technology for automated dispensing of ordered medications*

# RADIOLOGY

It was not until the late 1890's and early 1900's that radiology was born as a method for viewing the body. Once x-rays were discovered, the anatomical knowledge required and the identification of normal variants had to be developed so physicians could distinguish normal from abnormal.

In March 1920 the Quartermaster at Bath was instructed to purchase X-ray equipment for the hospital. This was located in the old hospital, Building 29.

In 1929 when the Board of Managers for the VA took over management from NYS, there was an obsolete type of X-ray unit with overhead exposed wiring used in combination with a mobile tube stand for chest work and generally radiology was done on a homemade rigid table. In 1935 the following was installed: a combination Radio-graphic and Fluoroscopic - Picker 300 Ma control with a Picker constellation table with Photo Electric spot film device. There was also a genitourinary table and tilt tables equipped with a spot film device.

In the 1930's radiology began to be a specialty. In 1938 at Bath the Radiology department was located at south end of 1st floor of the new hospital, approximately the same place where it is today.

The Radiology staff was considered part of Clinical Laboratory Service in 1944 and there was one roentgenologist, one senior laboratorian and one lab assistant. In 1954 there was one radiologist, one consultant, one supervisor, 3 technicians, one clerk-typist and one member file clerk. Today there is one radiologist, three diagnostic technicians, one CT technician, one Ultra/Sound technician and one secretary in addition to an administrative head of the department who also functions as a radiology software computer expert across VISN 2.

In 1957 three new X-ray machines were purchased. One of these was a new mobile x-ray machine for use at the bedside and one for the operating room.

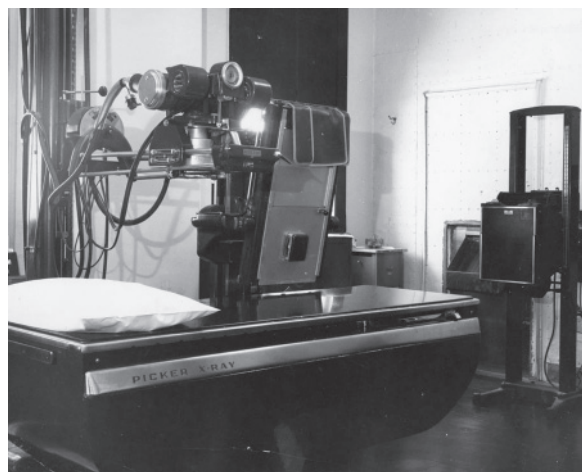
In 1964 a new Pakorol X-M Automatic Processing Unit was installed at VA at a cost of nearly \$10,000. It could process 110 films per hour. This greatly improved efficiency as the new unit dried the film in 1 minute 19 seconds where the previous process took 30-60 minutes to accomplish the same thing.

By 1977 over 9,000 exams were done each year. In 2003 the number of examinations included: chest X-rays, single view, 600+; chest X-rays, multiple views, 1500+; gastrointestinal, 576+; skeletal, bone & joints, 2500+; skeletal, spine & sacroiliac, 800+; obstructive series, 100+ a year among others.

In 1956 the medical use of Ultrasound began in Glasgow. Ultrasound uses sound waves to create a picture of the organs inside the body. It does not use any type of radiation. Ultrasound became available at Bath in 1987 and about 2400 exams are performed yearly.

In 1972 CT was invented by a British engineer. This allowed visualization of most organs of the body with nuclear medicine, including liver and spleen scanning, brain tumor localization, and studies of the gastrointestinal track. CT scans look at size and shape of organs and body structures. In 1988 CT started at Bath. A mobile unit once a week. The first on site scanner, an Axial /picture at a time, was purchased in 1990. In 1997 the VA was the first radiology department in the Southern Tier to have a Spiral Scanner. Approximately 1600 scans are performed a year at Bath.

In 1987 providers requesting radiology exams were required to submit the request electronically. Both CT and U/S technicians have additional training beyond the X-ray technicians and trainees in both take national boards to become certified.



*Radiographic Room*



*Cystoscopy Room*

# RECREATION

Today recreation therapy is a profession which utilizes activities as a form of treatment for people who are physically, mentally or emotionally disabled. Differing from diversional or recreation services, recreational therapy utilizes various activities as a form of active treatment to promote the independent physical, cognitive, emotional and social functioning of persons disabled as a result of trauma or disease, by enhancing current skills and facilitating the establishment of new skills for daily living and community functioning. However, when the NYSSSH was built, recreation was diversional and not until after the mid-1940's was there even a recreation therapy aide on staff.

The first "Amusement Hall" was located in Building 9 which now houses the Engineering Offices. Located on Longwell Lane, known as Lovers Lane, it was built in 1887 or 1888. It had five pool tables and one combination pool and billiard table. There were also a number of tables where checkers and cribbage were played.

It was replaced in 1903 by a much larger and ornate building, Building 27 which cost \$34,000 to build. It seated 480 and consisted of a large room, stage and several offices. A balcony ran along both sides seats for staff only, not members. This was accessed via four wooden staircases. The seats in the large room were removable so it could be used for other recreational activities like basketball. It was replaced in 1958 by Building 92.

In September 1885 a Bowling Alley was first opened for use of the inmates. In November 1909 a moving picture plant opened and the following April a piano was purchased for use in this building.

The NYSSSH was open to the community for recreation activities. Around 1900, there was a round trip Special Excursion from Penn Yan to the Home for 50¢ a person. The steamer, Urbana, left Penn Yan at 10:00 a.m., arrived in Hammondsport at 12:30 p.m. Excursionists had an hour and a half for dinner and sight seeing before the train left for the Home at 2:00 p.m. After the Grand Band Concert from 4:00-6:00 p.m. the return trip started, arriving in Penn Yan at 9:00 p.m.

When the hospital was built, an auditorium and recreation room with projection room were incorporated on the 1st floor of the hospital, Building 76. It was probably in 1958 during major renovations in that building that this area became the Occupational Therapy Clinic and in the 1980's, the ECG clinic.

In 1948 a temporary building, T-6 was erected behind Section 1 barracks and the dining hall area. It was used for arts and crafts. By 1949 there was a large area on the southeast portion of the station between Gettysburg Avenue and the Conhocton River for baseball. It was not used much due to age and infirmity of the patients, but a program of archery, golf putting, etc. was under way. Bleachers were on loan by the local high school. Today the field is in use by the local high school, area American

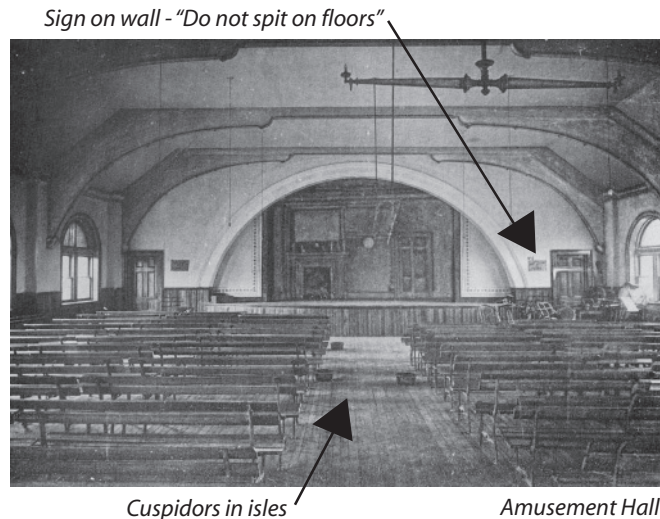
Legion teams and domiciliary patients.

In 1954 there was a small combination theater-games room in the hospital; an all-purpose building for stage shows, movies, entertainments, dancing and basketball in the domiciliary; a recreation building housing four pool tables, one billiard table and several card and checker tables; an outdoor games area with two shuffleboard courts, two croquet

courts, two horseshoe pits, volleyball court and a bait casting area; picnic areas with fireplace and tables; baseball diamond with bleachers, protective fence, press box, dugouts and scoreboard; and six bowling alleys located in a separate building. The Arts & Crafts shop was in two areas. All power machinery, the printing and photographic equipment were in Section 7. In the Section 1 basement were the hand operated tools and the hobby shop.

In 1958 the tennis courts were completed. In addition, a multi-channel radio system, which provided four channels of entertainment to loudspeakers and bedside headsets, was completed for \$67,750. In 1956 construction was completed on three recreation facilities that were used in the new Planned Activities Program for Dom patients. These included three greens and three tees for a small pitch and putt golf course, a hard court area that allowed for a combination of activities such as two tennis courts, two shuffleboard courts and included outdoor lighting. The hard court area was also used for social activities for the members, such as dances, bingo and entertainments, etc. In addition, rest room facilities for both men and women to be combined with the announcer's booth and storage facilities were constructed in the rear of the backstop at the baseball field.

*continued on next page*



# RECREATION (continued)

Over the years there have been many varied types of on station and off station recreation activities often coordinated by recreation and voluntary staff. As can easily be seen, many of these events continued for many, many years, some even continuing today and they have involved people from business, colleges and universities, fraternal organizations, veterans organizations, high schools, etc. Some of them include:

- In 1936 the Rochester Council 178, Knights of Columbus held their first show for hospital patients and Dom members. It continued at least through 1979.
- In 1940 through 1978 at least, the annual Charles Gibson Memorial Horse Show was held. It was arranged through cooperation of the Bath Saddle Club Inc., Steuben County 4-H Clubs and Recreation. The events were: Western Horse, Saddle Pony; Go & Unsaddle; Open Driving; Barrel Cutting; Working Horse Class; Musical Blankets; English Horse; Pair Class; and Ribbon Race.
- In 1946 the Bowlers Victory Legion Mail-O-Matic Bowling Tournament began. VA patients at Bath have captured trophies on many occasions.
- In 1948 the Elks began taking Dom patients to Cornell football games.
- In 1967 the Rochester Gas and Electric Chorus and Band presented their 19th annual show at the VA.
- In 1951 a spaghetti dinner by the NYS Italian-American World War Veterans of the US started and is still held annually.
- An annual outdoor boxing show by airmen of Sampson Air Force Base was held in 1955. In 1959 the Aquinas High School boxers presented eight championship matches.
- In 1954 a Dom patient was presented with a 1st place trophy and another with a 2nd place in the Veterans' Section at the International Anglers and Casters Tournament held in Buffalo.
- In 1954 there was a shuffleboard tournament between Bath Dom patients and a "topflight" team from Corning.
- In 1955 a program, "Dialing Far-Away Places" utilized the latest telephone technique of dialing direct from the VA Center to World Heavyweight Champion Rocky Marciano and TV entertainers George Goebel and Herb Shriner. The conversations were broadcast by public address system to an audience and were tape recorded for play back over the Center's radio station. In 1956 "Dialing the Stars" commemorated the 5000th telephone call proved by the Webster-Hill-Conklin VFW Post #1470.
- In 1956 the world's checker champion conducted an exhibition in checkers and chess, played 50 opponents simultaneously.
- In 1958 the Paster Performing Lipizzan Horses were at the VA.
- In 1960 the Haverling JV and the Corning Free Academy JV wrestling teams competed against each other in 12 exhibition matches.
- In 1959 a volunteer from Hammondsport helped form an Astronomy Club with 15 members.
- In 1959 the "Musical Notes", a group from Kodak Park, opened the new Theater Building on Washington's Birthday and in 1979, now called "Total Sound" they came back for the 20th year anniversary.
- In 1962 Ralph C. Wilson, Club President of the Buffalo Bills invited veterans to attend three football games in Buffalo.
- In 1963 the Smith School of Dance from Westfield, PA entertained the members as did St. Ann's Band of Hornell; Naples Central Glee Club; Hammondsport Central School; Jenny Clark "Clarkettes Revue" Variety Show from Rochester; University of Rochester Band; Loyal Order of the Moose (3rd year) Variety Show; and the Sweet Adelines, from Olean.

*continued on next page*



# RECREATION (continued)

- In 1964, Miss Elizabeth Harrison, Chief, Occupational Therapy section established a new indoor garden club project for hospital patients and blind domiciliary members at the Center. Members of the Bath Garden Club were volunteers in this program.
- In 1963 and 1964 the Masonic Service Association held their annual Watermelon Party and Band Concert.
- In 1961 domiciliary patients participated in a Script Reading contest held nationwide. The purpose was to promote interest in Script Reading in VA Hospitals. Each group taped its performance and sent it to NYC for judging. In 1961 they received a Certificate of Honorable Mention for their entry in an annual competition for excellence in radio performance and production sponsored by the Veterans Hospital Radio and Television Guild. Judges in 1964 were Maurice Evans, Carol Burnett, Barbara Britton and Sam Levenson.
- In 1960 Recreation developed an amateur radio station which served as a diversional and educational program for Domiciliary members as well as a communication medium in the event of an emergency or national disaster. In 1965 this ham radio system was used to communicate when local telephone communications broke down.
- The annual American Legion Auxiliary Gift Shop program has been held for over 40 years. Nine counties of the 6th District of the American Legion Auxiliary as well as all units in Steuben County assist each year.
- 1967 the 20th Annual Christmas Party sponsored by the Council of Chapters of the American Red Cross
- 1977 Haverling High School presented "Guys and Dolls" at the VA.
- In 1974 the USO show came for first time to Bath.



*Greenhouse*

Until 1943 there were no recreation aides at the facility and the Assistant Manager acted in this capacity. From 1950-55, the Sports Unit of Special Services Sports Director developed participation sports for physically handicapped patients and members and innumerable championship trophies in sports such as bowling for the blind, bait casting and inter-hospital sports meets. Under his guidance, outstanding spectator sports programs in basketball, boxing and baseball were developed. His duties involved the conduct of three phases of the VA Special Services Sports Program, including the active participation phase in adapted sports for rehab value which involved bowling activities for the blind and others, bait casting, fishing, shuffleboard, golf, trips and other activities recommended by the medical and domiciliary authorities; a spectator program to keep beneficiary morale at a high level through baseball, softball, boxing and sports exhibitions; and a passive program which involved prediction contests, sports smokers, and other adaptations that held the sports interests of the beneficiaries.

In 1958 the person responsible for recreation was the Assistant Chief, Special Services. In addition to directing the large corps of volunteer workers, integrating the VA Voluntary Service (VAVS) program he also acted as an operation assistant for all Special Service. In addition to the volunteer program it included recreation and library activities.

Recreation has been organized in many different services. It was in Special Services after World War II, was part of Physical Medicine & Rehabilitation by 1967, a separate service in the mid 1970's and a part of the Diagnostics & Therapeutics Care Line in 1998.



*Built in 1948 - Arts and Crafts, Building T-6*

# REHABILITATION

Physical Medicine & Rehabilitation Service was established in the VA during 1945 and 1946 as a response to the needs of troops who survived World War II with illness or injury. New medicines and surgical techniques resulted in more veterans needing help. Also, it was recognized that early exercise assisted in recovery from many diseases. The value of mental exercise and occupation of the mind with useful thoughts and constructive activities during recovery was also recognized as beneficial.

As early goals, PMR worked toward speeding recovery after injury or acute disease, shortening convalescence; returning the disabled veteran in his best possible condition to his former occupation or profession in spite of his disability; and finally retraining him for a different occupation if return to the former one was not possible. In early 1946 the only section of PMR at Bath was Physical Therapy. In the next 2½ years this service grew to include Corrective Therapy (CT), Occupational Therapy (OT), and Blind Rehabilitation.

In 1949 there was a survey which indicated that the Medical Center did not have a regular farming program set up for the purpose of affording physical therapy (PT) for patients and members. However, an area of about three acres to the north of the baseball field between Gettysburg Avenue and River Road was planted each year with vegetable garden crops. The products from this garden were offered to the domiciliary mess hall and during 1948 a profit of \$417.43 was realized. The work was performed by member, i.e., Domiciliary patients detail as much as possible with the balance from the VA employee labor pool. Years later, this activity was considered worthwhile from an occupational therapy standpoint while providing economically to the Medical Center's operation. However, this changed and in the spring of 1950 the garden was converted to lawn.

Corrective Therapy, known as Kinesiotherapy since 1987, focused on exercise therapy ranging from calisthenics, reconditioning, ambulation training or prosthesis-assisted walking for amputees. They also promoted exercises beneficial for hospital patients and used gymnastics or games with patients particularly with neuropsychiatric patients. At one point in 1954 there were three gymnasiums, two in the hospital and one in the domiciliary. Around 1958, a CT clinic was located on the north end of the 1st floor of the hospital across from the PT clinic. There were also PT and CT clinics in the domiciliary Building 78.

In 1954, Occupational Therapy was located in a large clinic on the first floor in the Hospital. The Occupational Therapists combined physical and mental stimulation by providing craft skills including leather, wood, plastics, ceramics and activities such as weaving, sewing, knotting, among others which were administered under a medical viewpoint.

Physical Therapy had also grown in number of patients treated and in modernized equipment.

Blind Rehabilitation offered a many-sided program for blinded veterans to learn Braille, reading, writing and typing, organized recreation and general orientation of the blind. Although it was originally in the basement of Section 1, it was moved to Section 2.



*Occupational Therapy*



*Blind section prior to 1970*

*continued on next page*

# REHABILITATION (continued)



*Occupational Therapy - 1957*

By 1977 PMR had become Rehabilitation Medicine Service, under the direction of a Psychiatrist, Corrective Therapy, Manual Arts Therapy, Physical Therapy, Blind Rehabilitation (by 1948), Educational Therapy (by 1948), Vocational Rehabilitation, Speech Pathology and Audiology (1970) and Recreation provided diagnosis, treatment and restoration of the physically and psychiatrically handicapped. Today, Physical Medicine and Rehabilitation (PMR) consists of PT, KT and OT.

Occupational Therapists work with people experiencing health problems such as stroke, spinal cord injuries, cancer, developmental problems, and mental illness. Occupational therapy helps people regain, develop, and build skills that are essential for independent functioning, health, and well-being. Occupational therapy can prevent injury or the worsening of existing conditions or disabilities and thereby promote independence in individuals who may otherwise require institutionalization or other long-term care therefore maximizing the quality of life for individuals, families, and caregivers. Therapists also teach patients to use assistive and adaptive devices such as wheelchairs, bath benches, transfer boards. There are three occupational therapists who provide assessment and treatment, one on the 3rd floor of the hospital near the Canteen, one in Nursing Home Care Units (Building 78) and one in the homes through Home Based Primary Care.

Physical Therapists provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. They restore, maintain, and promote overall fitness and health. Their patients include accident victims and individuals with disabling conditions such as low back pain, arthritis, heart disease, fractures, head injuries. Therapists examine patients' medical histories, then test and measure their strength, range of motion, balance and coordination, posture, muscle performance, respiration, and motor function. Physical therapists also use electrical stimulation, hot packs or cold

compresses, and ultrasound to relieve pain and reduce swelling. They may use traction or deep-tissue massage to relieve pain. Therapists also teach patients to use assistive and adaptive devices such as crutches, prostheses, and wheelchairs. There are two PT clinics now, one on the 5th floor, north end of the hospital where the surgical suite was and one in NHCU next to the OT clinic.

A Kinesiotherapist is a health care professional who, under the direction of a physician, treats the effects of disease, injury and congenital disorders, through the use of therapeutic exercise and education. Kinesiotherapy (KT) is an allied health profession that has been in existence since 1946. There are two KT clinics, a combined one with PT on the 5th floor of the hospital and one in Section 1.

*continued on next page*



*Physical Therapy - 1970's*

# REHABILITATION (continued)

## Prosthetics

Closely aligned with PMR and other departments is Prosthetics and Sensory Aids. Prosthetics is a broad term used to identify the total concept of the field of prosthetics, orthotics, sensory aids, aids for the blind, medical equipment, medical supplies, components and repairs. Prosthetic Appliances include all aids, appliances, parts or accessories that are required to replace, support or substitute for a deformed, weakened or missing anatomical portion of the body including artificial limbs, terminal devices, stump socks, braces, hearing aids/batteries, cosmetic facial or body restorations, eye-glasses, mechanical or motorized wheelchairs/scooters, orthopedic shoes, etc. The Prosthetics Clerk receives requests for items electronically and is required to order them within five days of receipt.

Until Eligibility Reform in 1996, there were many regulations and restrictions concerning who was eligible to receive a prosthetics item. For instance, a veteran could come into the hospital with a broken leg, have X-rays, have the leg casted but could not be provided a pair of crutches. After eligibility reform, many more veterans became eligible for items as prescribed by the health care provider.

Network Prosthetics Information Resources Section (NPIRS) is located at Bath but works for the Network. It began its operation in May of 2001. This unit of three employees and one supervisor undertook the home oxygen invoice processing, inventory management, eyeglasses orders, earmold orders and prosthetic/orthotic orders for all of VISN 2. This is only the second centralized unit in the nation and processes approximately 60 % of the workload for Prosthetics at all the sites. They have markedly improved prompt processing of orders, payments and accountability of inventory. They process about 10,000 orders a month to equal 125,000 orders a year.



*Physical Therapy Room*



*Physical Therapy Clinic*

# RULES OF CONDUCT OVER YEARS

People living in groups and in limited space seem unable function without rules and the NYSSSH was no exception. Over the years, the rules of conduct evolved to respond to problems which had developed, to reflect the change from a military institute and to parallel advances in technology.

A March 1879 address to the men by Superintendent Parkinson was quoted in the local press. *"It was not expected that they would seek the shelter of its walls in the fall and leave them in the spring, to return when necessity again drove them thither. While he admitted that it was commendable for them to wish to support themselves, he hoped that they would not be so ungrateful for the great benefits bestowed upon them as to turn their backs upon the institution where the arrival of warm weather made it possible for them to earn their living elsewhere."* Further, he was proposing to raise vegetables and other products on the Home farm for "sustenance of the inmates" and the Superintendent earnestly hoped that *"when the season for work arrived, the soldiers would appreciate the need for their services, and take pride in doing their best to advance the interests of the Home."* This philosophy of life-stay did not change for a hundred years.

Once they were admitted to the facility in 1879, they were furnished with a single iron bedstead with a spring bed of woven wire and a hair mattress. They met with the Superintendent and signed a receipt for clothing about to be furnished and then they were taken to the bath room. Their clothing was thoroughly examined and if it was in preservable condition it was wrapped in a bundle and taken to the storeroom. Any clothing not preservable was burned. They were then supplied with a pair of pantaloons, a blouse, an overcoat (all blue) two over-shirts and undershirts, two pairs of drawers and socks and one pair of army shoes.

## In 1917 the members were to follow these rules of conduct:

- Scrupulous cleanliness in person and dress is enjoined.
- At Reveille the members shall rise, wash and dress themselves neatly; and when assembled for breakfast, before entering the dining-room, the officer in charge of each detachment shall inspect his men and report any neglect to the Commander.
- A call will be sounded 15 minutes before each meal to allow preparations therefore.
- The Commandant shall designate the hours for reading and smoking, in the rooms set apart for these purposes, and during these hours will allow men not on duty access to the reading and smoking rooms except for cause.
- At Tattoo all members shall retire to their quarters, and at Taps all lights will be extinguished.



Commandant, 1920-1929

- No member or employee, other than the persons assigned to such duty, shall at any time interfere or meddle with the furnaces, ranges, lights, sewers or water-works of the Home.
- The Commandant shall designate the hours for Reveille and Retreat.
- Tattoo will be sounded at 9 p.m., and Taps half an hour later.
- The Commandant will designate the hours for meals.
- The officers in charge of companies will call the roll of their respective companies at Reveille and Tattoo, and absentees will be reported to the Commandant.
- All members must be prompt at stated roll calls, unless on duty or excused on account of sickness.
- Complaints of neglect or ill treatment must be made in writing to the Board of Trustees, or orally at their meetings. [Note: March 12, 1918 the Board decided that members making complaints or charges to state officials before reporting same to Trustees violated Rules and Regulations and were liable to expulsion from the Home].

By 1943 the Barrack Rules demonstrate a less military but more prescriptive type of conduct. *Changes in italics reflect the changes in Domiciliary Rules and Regulations by 1961.*

**ACCIDENTS:** Accidents resulting in injury to members will be reported promptly to the Medical Officer of the Day, Domiciliary Officer, Company Officer or Guard, as the circumstances warrant in order to assure prompt attention. If you are injured in any way or should you see another member injured, report this at once to the Section Leader or Guard. *All injuries must receive immediate attention and all causes of injury should be removed.*

*continued on next page*

# RULES OF CONDUCT (continued)

**ADMISSION:** All admissions to this Facility are made through the Out-Patient Service/Registrar Office located on the second floor of the Hospital. This includes readmission of former members whose names have been dropped from the rolls for any reason.

**AUTOMOBILES:** Members desiring to drive personally owned automobiles on Facility ground will make application for the necessary permits through their Company Commanders, and under no circumstances will a member operate an automobile without written authority. *In 1961 members were not allowed to drive or park an automobile on the grounds.*

**BAGGAGE:** Baggage rooms are maintained in each Barrack for the convenience of members in storing suitcases, trunks, handbags, packing cases, etc. The Government is not responsible for a member's baggage. Baggage rooms will be opened at regular designated hours each day, so that members may deposit or remove baggage. A Company Officer will be present during each transaction and will record all deposits or withdrawals. No parcels, trunks, suitcases or bundles of any description will be removed from the station grounds until inspected by a company Officer or responsible employee. If the package is found to be in order a Parcel Pass will be issued. Members desiring to mail packages through the local Post Office will have their packages examined by a Company Officer or responsible employee, and if found to be in order, Parcel Pass form will be issued for presentation to the Postmaster; otherwise, the Postmaster will refuse to accept packages for mailing. *In 1961 a member Section Leader or member in charge of the Clothing Room in the Section recorded each transaction.*

**BATHING:** Bathing facilities are available to members at all hours between 6:00 a.m. and 9:30 p.m. All members are expected to keep themselves clean and sanitary at all times. At least one bath each week is required. By 1961 *"a gentleman is always clean and presentable. It is required that all members take a bath or shower twice a week and at that time change clothes".*

**BEDS AND BED CHECK:** Each member will immediately upon admission be assigned a definite bed and bed number. Members are not allowed to move or change beds unless specific permission is given by the Company Commander. Reveille will sound at 6:30 a.m. and members must be up and dressed for breakfast by 7:30 a.m. Taps will sound at 10:00 p.m. (lights out) and a daily bed-check will be made by Company Officers at 10:30 p.m. Members absent or not officially accounted for at bed-check will be considered absent without leave. Beds will be

stripped each morning and will be allowed to air until members return from breakfast, when they will be neatly made up. Members desiring to rest on their beds in the daytime may do so but shoes must be removed. *Although reveille and taps were no longer sounded in 1961, the rest of these rules remained.*

**CHECKS:** Mail known or suspected of containing checks, money or valuables will be delivered to mem-

bers at their respective Company/Section and a receipt for delivery will be recorded. *Remained unchanged in 1961.*

**CLOTHING:** Government clothing may be furnished beneficiaries who are found eligible under the law, and when deemed necessary for the protection of health and sanitation. Those receiving less than \$10.00 per month for any source for their personal use, are considered eligible for Government clothing. *May be eligible in 1961 if a member has less than \$75 and has a total income of less than \$20 a month.*

**CONTACT OFFICER:** A contact Officer is on duty at the Administration Building for the purpose of rendering assistance to veterans for any benefits to which they believe themselves entitled. *Remained unchanged.*

**DRESS:** The wearing of coats, collars and ties in the domiciliary mess and at Saturday inspection is required, except in warm weather coats may be discarded. When coats are not worn, a belt and not suspenders will be worn. Neckties will be worn at all times at Mess and inspection. Members who subsist in the Domiciliary Mess will not place their overcoats, hats, caps or other wearing apparel on window sills, side tables, or other equipment in the dining rooms, but will use the coat hangers and hat racks provided for this purpose. *Other than being neat and clean there are no longer rules about clothing to wear in the day. However, at night, the members were required to wear pajamas - tops and bottoms.*



Barracks D, E, F

*continued on next page*

# RULES OF CONDUCT (continued)

---

**EMPLOYMENT:** Members only are employed in certain positions at this Facility. Those desiring to make application for employment should contact the Personnel Office/*Domiciliary Office or the Vocational Counseling Office*. Physical fitness is a major requirement for member employment. Member employees are subject to all rules and regulations for other members, except camp detail. *You are not permitted to be employed outside of this Center.*

**GOVERNMENT PROPERTY:** The cooperation of all members is necessary in the protection of Government property. Members will be held strictly responsible for all Government property issued for their convenience including all clothing, linens, towels and bedding. *Unchanged in 1961.*

**IDENTIFICATION:** Each member is furnished an identification card identifying him as a veteran duly admitted to membership. This card will entitle the member to all privileges of the Facility extended to members in good standing, such as Recreation Halls, library, theatre, etc., and will entitle the member to leave the Facility and return at all hours between 7:00 a.m. and 10:00 p.m. Identification cards are not transferable and must be turned in upon leaving the Facility on leave of absence, furloughs, or discharge. Members will exercise extreme care in protecting their identification cards to prevent them from becoming mutilated or falling into the hands of persons not entitled to the provisions of the Facility. *Essentially unchanged by 1961.*

**ILLNESS OF MEMBERS:** Any illness of a member will be reported promptly to a Company Officer.

**INSPECTION:** General inspection of members and their clothing quarters and lockers or wardrobes will be made at 10:00 a.m. each Saturday (*1961: Friday*) unless a holiday falls on Saturday. All members must be present at inspection unless specifically excused. Each member must present a neat appearance. Male members must be shaved. Shoes must be polished and surplus shoes will be displayed on beds in accordance with a plan posted in each Company. Lockers and wardrobes will be opened and members will remain seated in the chair at bed-side until inspection is completed. The Company Commander will accompany the inspecting Officer on each tour of inspection.

**INTERVIEWING WITH THE MANAGER:** The Manager will interview any member between the hours of 8:00 a.m. and 9:00 a.m. each day except Sundays or Holidays, on matters pertaining to the member himself or on any matter pertaining to the general welfare of all members. *By 1961 the member had to report to the Director of the Domiciliary first.*

**LAUNDRY:** All Government issued clothing will be laundered or dry cleaned at the Facility Laundry. Members found eligible under the law may have personally owned items of clothing dry cleaned and personally owned washable clothing may be laundered at the Facility laundry. All items of clothing must bear identification marks of the member. The Government will in no case be responsible for loss or damage of personally owned articles sent to the laundry by members at the Facility. The laundry superintendent will in no instance accept laundry or dry cleaning directly from members.

**LOCKERS:** Individual lockers or closets are provided for all members. Clothing and personal articles, except overcoats and raincoats which may be hung on the outside, will be neatly arranged in lockers. It will be the responsibility of each individual member to keep his locker or closet clean and neatly arranged at all times. Surplus clothing or personal articles not in daily use will be stored in baggage rooms. The top of lockers must be kept clear of all articles. *In 1961 members were required to completely empty their lockers. While it was empty, it was to be cleaned so that the clothing could be rearranged in a nice clean area.*

**MAIL:** Mail addressed to members will be delivered by a Company Officer at their perspective companies. Packages will be opened and inspected in the presence of the member upon delivery. Packages intended for mailing will be inspected by a responsible employee and a parcel pass issued. Members leaving the Facility permanently or temporarily should furnish the Company Commander their correct mailing addresses so that mail may be forwarded promptly.

**MESS HALL/DINING HALL:** Neatness and cleanliness of all persons entering the Mess Hall is required. All members will display their identification cards to authorized persons when entering the Mess Hall. Members are asked to cooperate by reporting for their meals at the proper time and conducting themselves in a courteous and orderly manner while in the Mess Hall. No unnecessary conversation with employees or discourteous conduct on the part of any member will be tolerated. Food may not be carried from the Mess Hall by members unless specific authority has been issued. *Smoking in the Dining Hall is prohibited.* The schedule of the hours that meals are served is posted on the bulletin boards in all companies/sections.

*continued on next page*

# RULES OF CONDUCT (continued)

---

**MONEY AND VALUABLES:** Money may be deposited with the Agent Cashier (located in the Administration Building) and valuables may be deposited with the Supply Officer for safekeeping. A receipt will be given for any money or valuables so deposited. Company Commanders will furnish upon request detailed information on procedure to be followed on depositing money or valuables. *At any time of your stay in the Center, your valuables may be deposited with the Registrar in the Hospital Building for safekeeping.*

**QUARTERS/SECTION CLEANING:** All members, except those in non-duty barracks, are held responsible for the cleanliness of barracks, lawns, beds, lockers, etc. and the floors and walls immediately surrounding the space occupied by them. Beds will be not used as a receptacle for personal effects, nor will books, papers or personal articles be placed under the mattresses or chair cushions.

**RADIO and TELEVISION:** Radio reception is provided in all barracks through the use of loud speakers. Under no condition will any person except an authorized electrician change any wiring or attempt to repair any radio equipment. Personal radios will not be allowed in barrack buildings. *You are not allowed to have a personally owned radio or television set in the Section unless you have approval from the Domiciliary Director. He will give this approval only in exceptional cases.*

**SICK CALL:** Sick Call will be held daily at the hospital for all members domiciled in duty companies.. A Physician will make daily rounds of Non-duty companies. Members desiring dental treatment will report at the regular hours of sick call.

**TELEPHONES AND TELEGRAMS:** Members are forbidden to use official telephones for personal calls. Public pay stations are provided for this purpose. Telegrams received at this station for members will be delivered at the Company/Section Office.

**VISITORS:** Female visitors and children are not permitted in barracks occupied by male members, except in those barracks having a designated reception room and then only during regular visiting hours which are posted in all barracks. Members of the Facility are asked to restrict their visiting hours at the hospital on Saturday afternoon and Sundays, unless there is a near relative at the hospital. Members will not visit in other Barracks without the permission of the Company Commanders in the Barracks where visiting.

**WALLS AND WINDOW SILLS:** The walls and window sills of barracks will be kept clear of all articles including pictures, posters, calendars, etc. Nails and other hanging devices will not be driven in the walls or other parts of barracks or rooms. No articles of any kind will be allowed on windowsills, radiators or lockers. *Unchanged in 1961.*

*continued on next page*

# RULES OF CONDUCT

---

**Today, in 2003, the rules are less restrictive and as follows:**

**SMOKING:** The Domiciliary is a Smoke Free environment. There are outdoor smoking shelters.

**BED CHECK:** Patients are expected to return to the Domiciliary by 11:00 p.m. if on pass or authorized absence. Bed check is conducted at midnight each night.

**LIGHTS:** Ceiling lights are to be turned off at 10:00 p.m.

**AUTOMOBILES:** Patients can have a motor vehicle parked on station but it must be registered through a specific process. A valid driver's license, registration and insurance information must be presented as part of this process.

**TELEPHONES:** There is a 15-minute limit on using the pay telephones located on the first floor of each section. The use of Cellular Phones is not permitted inside the buildings but can be used outside.

**VISITORS:** During visiting hours from 10:00 a.m. to 9:00 p.m., visitors are expected to remain in the Section 1 Lobby area. Additionally, children are not to be left unattended.

**RADIOS and TELEVISIONS:** Earphones are required when using personal radios. A personal TV or radio must be turned off by 11:30 p.m. Sunday - Thursday and by 1:00 a.m. on Friday, Saturday and holidays. Personal televisions and radios must be inspected by Medical Center staff for safety.

**ELECTRICAL APPLIANCES:** Electrical appliances and personal furniture are not allowed in rooms. This includes coffeepots, hot pots or microwave ovens.

**INSPECTION:** There is a daily walk through during rounds. There is a weekly room inspection and twice a month safety rounds throughout the Domiciliary.

**MEDICAL/SICK CALL:** There is a medical care provider in the Domiciliary. Any patient who feels s/he may need to see the provider must report to the Section 1 nursing office Monday - Friday from 8:00 - 8:30 a.m.

**MEDICAL EMERGENCY:** The patient must report to the domiciliary office.

**SELF-MEDICATION:** Patients approved for self-medications must keep them locked in their own lockers at all times.

**ATTIRE:** Appropriate dress is expected. Bathrobes and pajamas are not permitted in the dining area or canteen areas. Sunglasses are not to be worn inside. Clothing with drug or alcohol logos is not permitted.

**MAIL:** Each patient is assigned a mailbox key upon admission. Appointment slips and mail are placed in the box daily, Monday - Friday. Certified mail or packages are picked up in the mailroom in Section 6.

**BORROWING OR LENDING MONEY AND/OR SELLING POSSESSIONS/ITEMS:** Patients are not allowed to borrow or lend money to others or sell their possessions. Patients must not have any financial dealings with other patients or staff.

**ROOMS:** Patients are expected to make beds daily and clean rooms at least weekly. Extra baggage can be stored in the storage room in the domiciliary. Patients are asked not to paste, tape or nail items to the walls or lockers. Valuables should be locked in the patient's locker.

# VOLUNTEERS

On April 8, 1946, General Omar Bradley, then head of the Veterans Administration, established a Voluntary Service National Advisory Committee to assist hospital administrators in organizing the spontaneous volunteer movements that developed in communities near military and VA hospitals. A national advisory committee was established, with representatives from the American Legion and Auxiliary; the American Red Cross; the Disabled American Veterans (DAV) and Auxiliary; the United Service Organizations (USO), Inc.; and the Veterans of Foreign Wars (VFW) of the United States and Auxiliary. The committee recommended a plan for community volunteer participation in activities for hospitalized veterans, including the establishment of advisory committees at the local hospital level. The committee nationally has grown from six to 60 major veterans, civic and service organizations and more than 350 organizations in local areas, providing direction for the recruitment, training and placement of volunteers in medical centers.

In 1956 the nationally syndicated cartoon strip, "Joe Palooka" featured Kobby Walsh, Joe Palooka's popular manager in a stay at a VA hospital. During his stay he was visited by individual volunteer workers, volunteer groups and celebrities who play a vital role in administering to the needs of hospitalized veterans. It was syndicated in 1930 and ran until 1984.

By 1997, nationally VA Voluntary Service (VAVS) was the largest volunteer program in the federal government. Through the program, men and women from teens to nineties are volunteer partners on VA's health team. Some bring special skills and knowledge, while others bring a desire to explore and learn. Many come with a gift for working directly with patients, while others bring dependability to assignments behind the scenes. Voluntary Service matches the volunteer to the assignment, provides orientation and training for volunteers, and has established an awards program to recognize volunteer service.



*Care and Share Program*

The first VAVS Committee met April 1946 at Bath VA, organized under the Department of Special Services

By 1957 there were 50 representatives on VAVS Advisory Committee. Today there are 85 representatives.

From the earliest times it was clear that volunteers should receive training in their rights and responsibilities as volunteers in the VA. An Orientation and Indoctrination Course for Volunteers in 1957 included:

- Greetings, Organization and Functions of the VA

  - John M. Nichols, Manager

- Organization and administration of the Professional Services Program

  - Acting Director Professional Services

- Organization and Administration of the Domiciliary Services

  - Program Director, Domiciliary Services

- Your Relationship with the Domiciliary Member

  - Assistant Director, Domiciliary Services

- Your Relationship with the Hospital Patient

  - Chief, Clinical Psychology

- Hospital Ethics and Etiquette

  - Chief Nursing

- Special Services Program

  - Chief, Special Service

- Library Program,

  - Chief, Librarian

- Recreation Program

  - Chief, Recreation

This was followed by a tour of Recreation Areas: Crafts & Hobbies in Section 1; Sports Room and Bowling Alleys in Section 1; Blind Recreation Room; and the Volunteer Service Program

In 1961 there was a cigarette distribution by the Corning Glass Workers Union Local 1000 as part of the holiday season. In 1964 the VA received instructions that effective immediately, free cigarettes could no longer be accepted for distribution to patients and members at the VA. Further, an education program was designed to bring to the attention of patients, members and employees the hazards of smoking as outlined in a report to the Surgeon General of the Public Health Service.

Volunteers bring much richness to the lives of the veterans. In fiscal year 2003, 387 volunteers donated a total of 41,456 hours at the Bath VA. Also, \$280,710.27 was received in donations. Some special programs today include: 101 veterans were provided brand new clothing through Clothing Program and 41 veterans provided brand new household items to establish independent living. Another exceptionally helpful program is the volunteer transportation network which transported 1,936 veterans a total of 43,817 miles during fiscal year 2003.

# INFORMATION SYSTEMS

---

In 1964 the VA in Washington, DC ordered a computer to be used for work in the development of an automated hospital information system. Such a system it was felt, would improve the utilization of the hospital's medical care facilities and would free physicians and nurses of many record-keeping chores. The computer would supervise and control two-way communications between remote terminals located in the patient care areas, such as the wards, laboratories, kitchens, etc., and the central processor.

It was not until the mid 1980's that computer technology began to be used at Bath. Since that time, Information Systems (IS) has evolved dramatically. The Medical Center entered the electronic information world with a single mainframe and "dumb" terminal system with fewer than 20 terminals, all in one building. The system was called DHCP (Decentralized Hospital Computer Program) and was completely housed in a large closet! It was so cold in that room that the staff (two at the time) had to wear mittens and hats to work at the keyboard console. Back-ups (copies) of the small database housing only Bath's information were manually started by the staff and written to large tape drives. The computer originally only addressed administrative processes like word processing. The word processing terminal was supported by a single-purpose word-processing unit located in the Director's suite. Any staff member who wanted to use it had to physically go to that location to enter the documents and output them to a single printer.

As different functionalities were added, the computer system hardware was increased by additional large PDP mainframes and peripheral dumb terminals and printers. The computer room itself was enlarged substantially and offices provided adjacent to it for staff. Because there was no wiring infrastructure to support data, each building had to be addressed individually by first obtaining the funds and contract services to expand the wiring to and within a building. Every terminal and printer had to be hard-wired back to the computer room in the main hospital building. Uses for the computerized systems expanded to include not only administrative processes, but the infancy stages of what is today a totally electronic patient medical record. The system was nationally renamed VISTA (Veterans Health Information Systems Technology Architecture). Although the system was advanced for its time, it literally took days to install new versions of the software. The staff became accustomed to spending entire twenty-four to forty-eight hour sessions because the updates required periodic manual inputs. Today the same updates finish in seconds!

As technology advanced, the mainframe architecture became archaic in comparison to the client/server environment. Computer system users were more tech savvy and could be more productive with the greater freedom offered by full workstations with local storage capacity and the ability to allow individual users to run differing softwares.

Bath's mainframe system was replaced with server hardware in the computer room itself and workstations replaced dumb terminals. In 1999 Bath contracted for installation of a local fiber-optic network that provided high-speed data transmission to all the buildings. When finished, the wiring backbone allowed unprecedented expansion of computer services.

Until mid-2000 Bath's database was located physically in the computer room in the hospital. The local staff had grown from one to ten. They completed all software and hardware updates and maintenance. VISN 2 management consolidated all databases in their group (Bath, Buffalo, Canandaigua, Albany, and Syracuse) into one large database physically located in Albany, NY. Server hardware previously located in Bath's computer room was replaced by hardware located at VAMC, Albany, and VISN 2's consolidated database provides access to the patient and administrative information from all its sites. Presently, the local computer room houses a number of servers and other hardware that support functions other than VISTA.

With a totally electronic medical record (including a state-of-the-art computerized bar code/medication administration function and digital images related to radiology, EKG, dermatology, and home-care), Bath now has a local area network (LAN) with approximately 500 workstations, 300 printers, bar-code scanners, imaging capture and display devices, and integrated multi-function unites scattered over a 26 building campus. The Bath LAN is part of a wide-area network (WAN) that encompasses all VA sites worldwide. Users make use of electronic word processing, spreadsheets, slides, e-mail, and training videos at their desktop via the same workstation that provides them access to VISTA and CPRS (Computerized Patient Record System). The computer system is supported by local and VISN-level staff and is a model of its time as regards the electronic medical record.

# ACQUISITION AND MATERIEL MANAGEMENT

---

The procurers of equipment and supplies were originally called the Quartermasters. As the scope of their responsibilities expanded so did the name to Supply Service and today, Acquisition and Materiel Management. The staff in A&MM provide a variety of services including Sterile Processing and Distribution (SPD), Total Supply Support (TSS), Receiving/Warehouse/Distribution, Mailroom and Reproduction for the facility and Equipment Management. The VISN concept has resulted in MedSurg Prime Vendor; leased copiers, toner cartridges and standard office supplies. A&MM also has created and now manages the FedEx account.

Over the years, processes have certainly changed. In the beginning, an inventory of the items which had been purchased for the Home at any time were included in a report to the NYS Legislature. The inventory was assigned by location of its use and included the items, number on hand, cost, numbers of items purchased during the year, cost, number still in use, number condemned, number on hand and cost. As an example the Matron's Department (Nursing) inventory was from a entire hospital ward and included all the items used on that ward including:

- 59 beds valued at \$236
- 42 blankets, double, colored valued at \$42
- 20 blankets, double, white valued at \$60
- 54 single blankets valued at \$54
- 20 cuspidors valued at \$7.65. *It is difficult to fathom cuspidors in a hospital!*

The Superintendent's House furnishings were all provided by the Home. There were 204 different items listed which had been on hand in 1908 and were there in the 1909 inventory. The total value of the furnishings was \$2,338.42. This included all the rugs, tables, chairs, beds, bedding, dishes, etc.

Today TSS manages a 30-day inventory of medical supplies with a yearly budget over \$350,760. The Warehouse staff is responsible for the receipt, inspection, delivery and issuance of all supplies and equipment. The Mailroom staff supports the entire facility with 158 stops for delivering and picking up facility mail and for distributing/mailling this mail. SPD collects, decontaminates/cleans/sterilizes, repackages instrument sets, trays, equipment and medical devices. The Equipment Management staff manages capital equipment accounts, coordinates equipment inventories and maintenance. She also arranges for sale of excess government property. Computers have resulted in many changes in A&MM. Years ago all requests were generated on paper but today they are generated via computer, markedly decreasing the time involved in this process. All equipment is bar-coded so that annual inventory process moves much more quickly.

# VA AND THE COMMUNITY

---

The staff and patients at the Bath VA have a long history of contributing time, money and talent to the local community through such programs as fund raising, education, recreation, and blood drives, among others.

Over the years money has been contributed regularly by both employees and Dom patients for various drives. In 1954 the Federal Joint Crusade began under a consolidated system and raised \$2855 in 1956. In 1958 a total of almost \$2000 went to the National Voluntary Health Agencies. In May 1964, over \$2000 was donated to various health agencies such as Crippled Children, Cerebral Palsy, Muscular Dystrophy, Mental Health, Blind, Heart, Cancer and Cystic Fibrosis, Boy Scouts, Girl Scouts, Salvation Army and the American Red Cross. In addition to contributing to local agencies, the employees also contributed to the Federal Service Joint Crusade and in 1962 sent contributions to Radio Free Europe Fund, the American-Korean Foundation and CARE, Inc.

In 1960 Domiciliary members collected \$569 for the Boy Scout fund appeal (\$527.25 in 1958) and \$510.25 for the Salvation Army. Press releases indicate domiciliary members contributed approximately \$1500 each year to various fund drives in the community. In 1970 they contributed \$260.73 to the March of Dimes; \$341 to Red Cross. They also gave of their time with an annual Children's Christmas Part for local 1st graders. In 1976 almost 300 children were given new \$1 bills, apples, oranges, comic books. In 1956 under the direction of the Junior Chamber of Commerce program, 11 VA Center Dom members refurbished 3,000 toys for Christmas.

The Federal Service Joint Crusade became the Combined Federal Campaign (CFC) in 1971. In 1978 the VA, and the Bath & Savona Post Offices raised \$15,082.25. In 1990 the CFC raised \$17,116.

Staff have participated in other fund raising activities as well. In 2002, the first organized team from the VA participated in the annual Relay for Life and in 2003 the VA team raised over \$5,000 for cancer causes. Staff have also walked in the local CROP Walk for at least 10 years raising money for local and world hunger.



*Bath VA staff participating in the Relay for Life.*

Educational opportunities open to the public have been coordinated by the VA and/or taught by VA staff. They covered a wide area of interest. A few representative examples include:

- The annual Clinical Conference Day held since 1966 by the University of Rochester Medical Center in cooperation with Bath VA. Regularly over 100 physicians and health-field professionals have attended.
- The Dental Department brought the consultant for oral pathology service nationwide in 1978 to present "Odontogenic Tumors" and other topics.
- In 1973 the Secretarial Council held "A Secretary's Full Time Position - Interpersonal Relations" open to secretaries at the center and the community.
- At least four annual Psychological Conferences with over 100 people in attendance.
- Stroke Club was held monthly for stroke survivors and their families from 1979 into the 1990's.
- In the 1960's, a Civil Defense course in Medical Self-Help Training was given to all personnel of the Medical Center. This was recommended by Central Office and based on material formulated by Civil Defense. It was designed so that Medical Center employees could be active participants in helping the community in case of a disaster.
- In 1965 an Institute of Patient Evacuation and Fire Fighting Techniques was held at the VA by a nationally recognized authority on hospital fire safety. All fire fighting companies in Steuben County Mutual Aid participated.
- In the 1970's there was an annual Equal Employment Opportunity Forum.

Sports programs were often open to community members. In fact, in the early years, the NYSSSH was the place to go for recreation activities including variety shows, films, and band concerts among others.

- Carman Basilio, middleweight champion of the world was at the annual spaghetti party September 1959 at VA.
- From 1948-55 there was a Bath Vets baseball which club won several league championships. In 1967 they were invited to participate in a match between the Bath Junior American Legion Team and the "Old Tymers".
- In 1961 the Bath Courier newspaper sponsored its annual 16 team single elimination Softball Tournament at the VA. Sports teams came from across Western New York.

## VA AND THE COMMUNITY (continued)

Blood drives have been held at the VA for at least 45 years. In 1964 the Blood Bank quota of 125 was exceeded by 22 units for 147 pints; later in that same year, 128 units were collected. This second drive was to help an open-heart surgery patient, Mrs. Helen Longwell, of Bath. Routinely through the 1960's and 1970's the quota established was exceeded. In 1975 the largest peacetime blood drive yielded 193 pints.

Salaries and supplies purchased locally have supported the local economy. In 1956 there were beds available for 1426 members and 342 patients with 656 employees, annual payroll of \$3 million and \$700,000 worth of purchases of supplies and services in the community.

Educational opportunities for high school and college students has also long been embraced by the VA.

- In 1960 the Keuka College senior nursing students trained in long-term illness and rehab nursing during a 10-week course as part of their affiliate program.
- Since the 1960's, Health Careers Days have been held to introduce local high school students to careers in health related fields.
- In 1969 the 1st graduate students from S.U.C. at Geneseo in Audiology & Speech Pathology began advanced clinical training. This continued into the late 1980's. In addition, there have been students in the fields of: Occupational Therapy, Social Work, Recreation Therapy, Psychology, Medicine, Radiology and other professions.

National Days of recognition and remembrance held at the VA with the community include Memorial Day, Veterans Day, POW/MIA Day (beginning in 1979), and Flag Day, among others.

In 1976 the Bicentennial Museum opened Memorial Day and closed Labor Day. By July 1976 over 1,000 visitors from 20 states had toured the museum. Although the Bicentennial items were donated only for a three-month period and were returned to the owners, people donated items back to the VA and an Historical Museum opened in the 1980's.



*Bath VA Historical Museum*



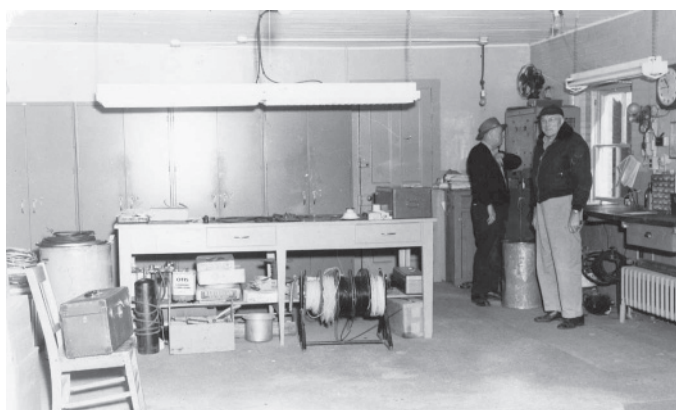
*Inside the Bath VA Historical Museum*



*Building 90 - 1967*



*Carpenter Shop*



*Electric Shop*



*The Battery*

*The canons were melted down during WWII for ammunition.*

This booklet is honoring the 125th anniversary of the first veterans admitted. It features highlights of then and now as the New York State Soldiers' and Sailors' Home became the New York State Health Care Facility Upstate at Bath.

Information has come from a variety of sources including:

The Annual Reports to the State Legislature

Files and folders at the VA

Materials from the Historical Society including a book of General Orders from 1884-1888

The Heritage of Bath, NY 1793-1993: Discovery of the Facts, Families and Folklore.

*Rochester Democrat and Chronicle*, 4/2/1965

*Elmira Star Gazette*

*The Steuben Farmers Advocate*

*The Steuben Courier Advocate*

*Hornell Times*

Minutes of the Board of Trustees

World Wide Web

The Federal Confederate Prisoner of War Camp at Elmira by George R. Farr, Historian, Town of Elmira, Chemung County, New York State

The Historical Times "*Encyclopedia of the Civil War*"

*Occupational Outlook Handbook*, U.S. Department of Labor, Bureau of Labor Statistics, April 1991

Bath VA 75th anniversary publication

Bath VA 100th anniversary publication

Researched & written by Barbara Fowler, former Diagnostics & Therapeutics Care Line Manager

Design and layout by Kathleen Laughlin, Network 2 Design & Print Shop, Bath VA Medical Center

Photos from the Bath VA Historical Museum

May 2004



*The Honorable Anthony J. Principi (left) and Congressman Amo Houghton visited the Bath VA in July, 2002.*



*Commandant's Residence*



*The price  
of freedom  
is visible  
here*



*Outside*

*Second Amusement Hall, Erected in 1903*



*Inside*